

Utah PRAMS Data Book

2004-2005



Pregnancy Risk Assessment Monitoring System

Utah Department of Health Reproductive Health Program July 2008





Utah PRAMS Data Book 2004-2005

Utah Department of Health
Division of Community and Family Health Services
Maternal and Child Health Bureau
Reproductive Health Program

July 2008

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We gratefully acknowledge the members of the Utah PRAMS Advisory Committee for their involvement in and support of the PRAMS project.

This publication was supported by Award Number 1UR6DP000494-01 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

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Introduction



Surveillance is the ongoing, systematic collection of population-based data. The data collected can be used to describe behaviors associated with a health event or condition. Analysis of data can be used for planning, implementing, and monitoring health programs and for forming policy.

The Utah Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing, population-based, risk factor surveillance system designed to identify and monitor selected maternal experiences and behaviors that occur before, during, and after pregnancy, as well as the child's early infancy experience. PRAMS is part of the Centers for Disease Control and Prevention (CDC) initiative to reduce infant mortality and low birthweight. PRAMS began in 1987 and data collection started in 1988 in selected states. Utah PRAMS began collecting data in 1999.

The PRAMS questionnaire consists of a series of core questions, which all PRAMS states must include. Each state then has the option of expanding the survey with pre-developed questions from the CDC or state-developed questions.

The sample for PRAMS is all mothers who are Utah residents who delivered a live-born infant within the state, including infants who die after delivery. PRAMS excludes stillbirths, fetal deaths, and induced abortions from its sample. Participants are identified through birth certificate records.

Each month the PRAMS questionnaires are sent out to approximately five percent of Utah women who are 2–6 months postpartum. Up to three paper surveys are mailed, with a telephone follow-up for women who have not responded to the mail survey.

A stratified random sampling approach is used in selecting women to participate, to allow separate estimates of population subgroups and comparisons across these subgroups. Once a full year of data is collected, it is then weighted by the CDC to represent the birth population for that year and adjusted for sampling probabilities, nonresponse, and noncoverage.

Each stratum must achieve a weighted response rate of 70% or it is not considered representative of that population. For this time period, a 70% response rate was not achieved in all racial categories and thus cannot be reported independently in this document. Race is therefore reported here as White or Other than White. See the PRAMS website at http://www.cdc.gov/reproductivehealth/srv_prams.htm for more detailed information on PRAMS and its methodology.

For 2004 and 2005, Utah PRAMS utilized an education/birthweight stratification methodology. Education was separated into three categories: less than high school, high school graduate, and more than high school. Birthweight was defined as less than 2500 grams, or 2500 grams or greater.

This book presents data from 2004 and 2005 Utah PRAMS. During this time period, there were 100,453 Utah women who delivered an infant. Of those, 4,666 were sent a survey, of whom 3,911 completed it, giving an unweighted response rate of 83.8% (weighted response rate of 87.6%).

This report contains data on 44 maternal and child health indicators from the PRAMS questionnaire. When available, the Healthy People 2010 objective for the indicator is given as a benchmark to compare Utah's rate to the national goal.

A copy of the PRAMS survey used during this time period can be found in Appendix A.

Introduction

Quotes from PRAMS Respondents

Qualitative data collected from PRAMS respondents have been included within the text as direct quotes. The quotes have been corrected for minor grammatical errors. Where noted, the quotes have been translated from Spanish to English.

Use of Tables

In order to facilitate understanding of the data contained in this report, we have provided a brief explanation on reading the tables. Each table consists of four columns: a description of population characteristics, the percentage of women with a 95% confidence interval, the population estimate, and the p-value.

Sample Table

Percentage of Women Who Reported Not Taking a Multivitamin Prior to Conception

	Percent	Damulatian	
	(95% Confidence	Population	
Characteristics	Interval)	Estimate	P-Value
Total Birth Population	48.7% <u>+</u> 1.8%	48,794	
Maternal Age			<.0001
<u><</u> 17	78.0% <u>+</u> 7.8%	1,412	
18 - 19	72.7% ± 6.5%	3,020	
20 - 24	55.4% <u>+</u> 3.2%	16,952	
25 - 29	43.9% <u>+</u> 3.2%	14,783	
30 - 34	42.6% <u>+</u> 4.3%	8,553	
35 - 39	41.9% <u>+</u> 6.6%	3,516	
40 +	37.7% <u>+</u> 14.9%	558	

Total Birth Population

The "Total Birth Population" on each table gives the proportion of women reporting the event for all women with a live birth. Each subsequent category breaks down these women by various characteristics, including age, education, race, Hispanic ethnicity, marital status, and infant birthweight and gives the proportions within these groups.

The 95% confidence interval is the amount added or subtracted to the proportion to get a range that represents the margin of error. A 95% confidence interval means that the probability of observing a value outside of the range is less than 5%. Larger confidence intervals reflect smaller sample sizes.

Population Estimate

The population estimate reflects an estimate of the number of women who reported the event. These numbers are weighted to represent the birth population for the year.

P-value

The p-value indicates whether the difference in proportions between the subgroups is statistically significant and the level of significance.

Bolding

In both the percentage category and the population estimate category, one group is bolded. The bold in the percentage category indicates which group is at the highest risk. The bold in the population estimate category indicates which group contributes the largest number of women.

Executive Summary



The Utah Department of Health's Pregnancy Risk Assessment Monitoring System (PRAMS) began collecting data in 1999. PRAMS data are intended to help answer questions that birth certificate data

alone cannot answer. By publishing the data books on a regular basis, it is our hope that the data will be used to provide important information that can guide policy and other efforts to improve care and outcomes for pregnant women and infants in Utah. The data book contains information on more than 40 maternal and child health indicators from the PRAMS questionnaire. Key findings include:

- The Healthy People 2010 goal is for 80% of nonpregnant women aged 15-44 years to consume at least 400 mcg. of folic acid each day; however, only 29.8% of Utah PRAMS respondents reported taking a multivitamin every day of the week in the month before pregnancy.
- More than one-third (33.5%) of women with a prepregnancy underweight body mass index (BMI) had an inadequate weight gain during pregnancy, which is concerning as this can lead to intrauterine growth restriction and/or low birthweight.
- The proportion of obesity in pregnant Utah women increased from 12.6% in 2000 to 15.8% in 2005, an increase of 25%.

- More than 5% of Utah women who delivered a live birth reported the use of fertility treatment to help conceive. Of the women who received treatment, 60.2% reported use of fertility enhancing drugs, 13.5% reported use of artificial insemination, 11.7% reported use of assisted reproductive technology such as in vitro fertilization, and 18.4% reported using "other" medical treatments such as Glucophage or surgery.
- Although Utah is close to the 70% Healthy People 2010 goal for intended pregnancies (67.3% intended), women who were significantly less likely to report their pregnancy as intended were younger, less educated, other than White race, Hispanic, and unmarried. Of all women with an unintended pregnancy, 42.0% were not using birth control at the time they conceived. The report outlines reasons cited for not using birth control.
- The Healthy People 2010 goal is for 90% of pregnant women to begin prenatal care in the first trimester. Utah fell short of this goal with only 80.2% of women entering prenatal care in the first trimester. Among women who entered care late, 61.7% reported receiving care as early as they wanted.

Executive Summary

- More than 70% of Utah women said they were not screened for physical abuse during prenatal care. Approximately 43% of Utah women said that their provider did not offer HIV testing despite the CDC recommendation for universal screening during their prenatal care. Additionally, 58.6% of Utah women reported that their health care provider did not talk with them about seat belt use during their pregnancies.
- The Healthy People 2010 goal regarding women who smoke is to achieve 30% cessation among smokers during pregnancy. Utah meets this goal with approximately half of women who smoked in the months prior to pregnancy having quit by the last trimester. Another 34.2% of women reported reducing the number of cigarettes smoked during pregnancy.
- A large percentage of Utah Hispanic women (68%) reported being without insurance prior to pregnancy. This percentage dropped to 43.7% during the prenatal period and dropped further to 5.1% for delivery.
- The Healthy People 2010 goal is for 75% of women to breastfeed in the early postpartum period. Utah exceeds this goal with 90.9% of women initiating breastfeeding. In addition, the Healthy People 2010 goal is for 50% of women to be breastfeeding their infant at 6 months of age. Of Utah women who reported initiating breastfeeding, 67.3% were still breastfeeding at the time they responded to the survey (on average ~ three months postpartum).

- Nearly 14% of Utah women reported experiencing symptoms of postpartum depression. Among these women, 62.8% did not seek help for their symptoms.
- The AAP recommends newborns discharged less than 48 hours with a vaginal delivery or 96 hours for a cesarean delivery should be examined within 48 hours of discharge.

 Despite this recommendation, more than 28% of Utah infants who were discharged early did not see a health care provider within one week.





Percentage of Women Who Reported Not Taking a Multivitamin Prior to Conception

	Percent		
	(95% Confidence	Population	
Characteristics	` Interval)	Estimate	P-Value
Total Birth Population	48.7% <u>+</u> 1.8%	48,794	
Maternal Age	_	·	<.0001
<u><</u> 17	78.0% <u>+</u> 7.8%	1,412	
18 - 19	72.7% ± 6.5%	3,020	
20 - 24	55.4% <u>+</u> 3.2%	16,952	
25 - 29	43.9% <u>+</u> 3.2%	14,783	
30 - 34	42.6% <u>+</u> 4.3%	8,553	
35 - 39	41.9% <u>+</u> 6.6%	3,516	
40 +	37.7% <u>+</u> 14.9%	558	
Education Level			<.0001
Less than High School	69.2% ± 3.0%	9,120	
Completed High School	57.6% <u>+</u> 2.9%	17,442	
Some College	43.5% <u>+</u> 4.0%	12,082	
College Graduate	33.8% <u>+</u> 3.9%	9,086	
Race			NS
White	48.3% <u>+</u> 1.9%	45,777	
Other than White	54.7% <u>+</u> 8.1%	2,618	
Hispanic Ethnicity			<.0001
Hispanic	64.3% ± 3.8%	9,557	
Non-Hispanic	45.9% <u>+</u> 2.0%	39,004	
Marital Status			<.0001
Married	44.1% <u>+</u> 2.0%	37,026	
Unmarried	72.2% <u>+</u> 3.4%	11,768	
Birthweight			NS
<2500 grams	50.0% <u>+</u> 2.9%	2,916	
2500+ grams	48.6% <u>+</u> 1.9%	45,849	
NS = Not statistically signficant			

All women between ages 15-44 who can become pregnant should take a multivitamin that contains folic acid to help prevent neural tube defects. Neural tube defects happen in the first 30 days after a woman becomes pregnant.

In Utah, neural tube defects occur more often in children born to women < 30 years of age who had previously delivered a healthy baby. 1

Women who were Hispanic or unmarried reported significantly higher rates of no multivitamin use in the month prior to conception. A significant difference was also found by age and education, with women aged 17 or younger and those with less than a high school education having the highest rate of no multivitamin use.

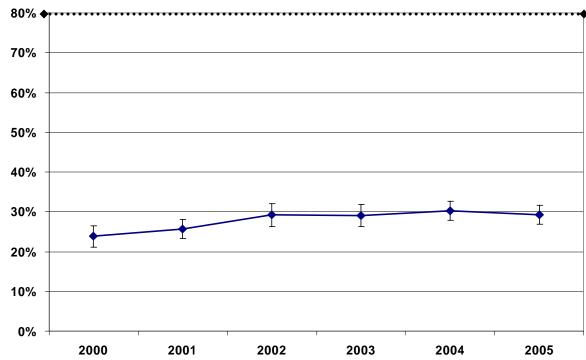
^{1.} Utah Department of Health, Birth Defects Network. Retrieved from: http://health.utah.gov/birthdefect/

Multivitamin Use Before Pregnancy



Since 2000, the overall trend of daily multivitamin consumption prior to conception has gradually increased. However, Utah's rates fall drastically short of the Healthy People 2010 goal, which is for 80% of nonpregnant women aged 15-44 years to consume at least 400 mcg. of folic acid each day. Only 29.8% of Utah PRAMS respondents reported taking a multivitamin every day of the week.

Percentage of Women Who Reported Taking a Multivitamin Every Day of the Week Prior to Conception, 2000-2005



[&]quot;I was using multivitamins every day before I got pregnant."

⁻⁻ A PRAMS Mom

Prepregnancy Underweight Body Mass Index



Percentage of Women With a Prepregnancy Underweight Body Mass Index

	Percent		
	(95% Confidence	Population	
Characteristics	Interval)	Estimate	P-Value*
Total Birth Population	5.8% <u>+</u> 0.8%	5,574	
Maternal Age			<.001
<u><</u> 17	16.5% ± 6.7%	283	
18 - 19	13.8% <u>+</u> 5.3%	530	
20 - 24	7.0% <u>+</u> 1.6%	2,038	
25 - 29	5.5% <u>+</u> 1.5%	1,798	
30 - 34	2.9% <u>+</u> 1.6%	556	
35 - 39	3.8% <u>+</u> 2.5%	303	
40 +	٨		
Education Level			<.001
Less than High School	9.4% ± 2.0%	1,025	
Completed High School	5.7% <u>+</u> 1.3%	1,662	
Some College	4.5% <u>+</u> 1.7%	1,224	
College Graduate	5.1% <u>+</u> 1.8%	1,364	
Race			NS
White	5.7% <u>+</u> 0.9%	5,140	
Other than White	7.7% ± 4.6%	351	
Hispanic Ethnicity			NS
Hispanic	5.4% <u>+</u> 2.0%	656	
Non-Hispanic	5.8% <u>+</u> 0.9%	4,853	
Marital Status			<.01
Married	5.3% <u>+</u> 0.9%	4,277	
Unmarried	8.9% <u>+</u> 2.1%	1,297	
Birthweight			<.001
<2500 grams	8.8% <u>+</u> 1.7%	491	
2500+ grams	5.6% <u>+</u> 0.9%	5,070	
NS = Not statistically signficant			
* Normal BMI as referrent group			
^ 95% Confidence interval is larger	than estimate, not reported	<u>l </u>	

Body Mass Index (BMI) is calculated using a woman's height and prepregnancy weight. The formula is: (weight in pounds/height in inches²) x 703.

Women with an underweight BMI (less than 18.5) are at increased risk for preterm birth and small for gestational age infants. A significantly higher proportion of women who delivered a low birthweight infant were classified with a prepregnancy BMI of underweight.

Women aged 19 years or less and unmarried women were more likely to be underweight prior to conception.

Using Institute of Medicine guidelines¹ for weight gain during pregnancy (25 to 40 pounds), 33.5% of women with an underweight BMI had an inadequate weight gain during pregnancy (less than 25 pounds). This finding is concerning as an inadequate weight gain can lead to intrauterine growth restriction or low birthweight.

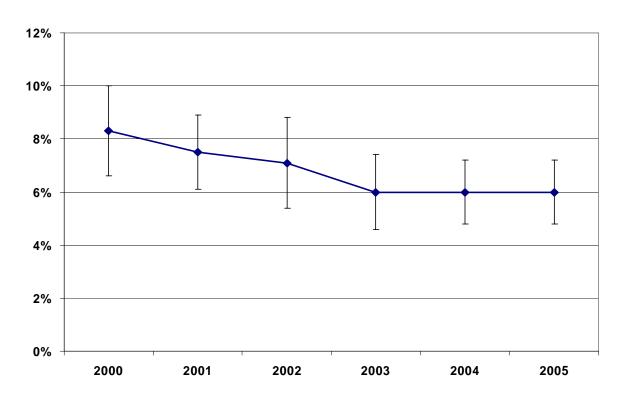
^{1.} Institute of Medicine: Nutrition During Pregnancy. Part I, weight gain; part II; nutrient supplements. National Academy Press, Washington, DC, 1990.

Prepregnancy Underweight Body Mass Index



Trend data show that the proportion of Utah women who enter pregnancy with an underweight BMI decreased steadily from 2000–2003, but has remained relatively unchanged since then.

Percentage of Women With a Prepregnancy Underweight Body Mass Index, 2000-2005





Percentage of Women With a Prepregnancy Obese Body Mass Index

	Percent		
	(95% Confidence	Population	
Characteristics	Interval)	Estimate	P-Value*
Total Birth Population	13.9% <u>+</u> 1.2%	13,376	
Maternal Age			<.0001
<u><</u> 17	٨		
18 - 19	7.5% <u>+</u> 3.5%	289	
20 - 24	11.4% <u>+</u> 2.0%	3,350	
25 - 29	14.6% <u>+</u> 2.2%	4,785	
30 - 34	17.6% <u>+</u> 3.3%	3,349	
35 - 39	17.6% <u>+</u> 5.1%	1,393	
40 +	11.5% <u>+</u> 9.1%	164	
Education Level			<.0001
Less than High School	15.2% <u>+</u> 2.5%	1,658	
Completed High School	19.6% <u>+</u> 2.3%	5,734	
Some College	13.3% <u>+</u> 2.7%	3,624	
College Graduate	7.7% <u>+</u> 2.2%	2,031	
Race			NS
White	13.9% <u>+</u> 1.3%	12,613	
Other than White	15.6% <u>+</u> 6.1%	708	
Hispanic Ethnicity			<.05
Hispanic	16.3% <u>+</u> 3.2%	1,990	
Non-Hispanic	13.6% <u>+</u> 1.4%	11,344	
Marital Status			NS
Married	13.7% <u>+</u> 1.4%	11,172	
Unmarried	15.1% <u>+</u> 3.0%	2,203	
Birthweight			<.05
<2500 grams	16.8% <u>+</u> 2.3%	837	
2500+ grams	13.7% <u>+</u> 1.3%	12,418	
NS = Not statistically signficant			
* Normal BMI as referent group			
^ 95% Confidence interval is larger	than estimate, not reported	<u> </u>	

Studies show that obese pregnant women are at increased risk for gestational diabetes, preeclampsia, eclampsia, cesarean section, macrosomia, instrumental delivery, fetal distress, antepartum stillbirth, and early neonatal death. Obese women (BMI 30.0 or greater) have also been found to have longer labors, inadequate contraction patterns during stage one of labor, and are more likely to receive oxytocin for labor induction and augmentation.

Pregnancy weight gain is also a concern. Among women whose prepregnancy BMI was obese, 76.4% gained more than 15 pounds during pregnancy. For obese women, this is considered "high maternal weight gain" by WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children). High maternal weight gain can lead to a woman entering her next pregnancy at a higher BMI and can also lead to long-term weight retention.

Baeten, J M, Bukusi, E A, and Lambe, M.: Pregnancy complications and outcomes among overweight and obese nulliparous women. Am J Public Health 91: 436-40 (2001).
 Cedergren, M I: Maternal morbid obesity and the risk of adverse pregnancy outcome. Obstet Gynecol 103: 219-24 (2004).

^{3.} Vahratian, A, et al.: Maternal prepregnancy overweight and obesity and the pattern of labor progression in term nulliparous women. Obstet Gynecol 104: 943-51 (2004).

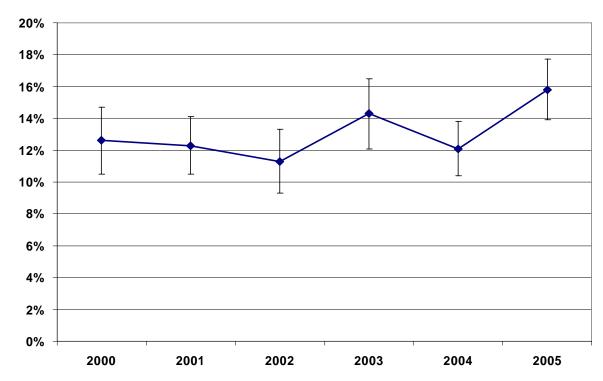
Prepregnancy Obese Body Mass Index



The proportion of obesity in pregnant Utah women increased from 12.6% in 2000 to 15.8% in 2005, an increase of 25% in five years.

Utah PRAMS data find that obese women are significantly more likely than their normal weight peers to report experiencing postpartum depression symptoms.

Percentage of Women With a Prepregnancy Obese Body Mass Index, 2000-2005



Infertility Treatment



Percentage of Women Who Received Treatment to Help Get Pregnant

	Per	cent		
	(95% Co	nfidence	Population	
Characteristics	Inte	rval)	Estimate	P-Value
Total Birth Population	5.4%	<u>+</u> 0.9%	5,429	
Maternal Age				<.0001
<u><</u> 17	0.0%	n/a	0	
18 - 19	0.0%	n/a	0	
20 - 24	3.1%	<u>+</u> 1.1%	951	
25 - 29	6.7%	<u>+</u> 1.6%	2,252	
30 - 34	7.3%	<u>+</u> 2.3%	1,463	
35 - 39	6.6%	<u>+</u> 3.5%	554	
40 +	12.9%	<u>+</u> 11.2%	191	
Education Level				<.0001
Less than High School	1.8%	<u>+</u> 0.9%	234	
Completed High School	4.5%	<u>+</u> 1.2%	1,358	
Some College	6.0%	<u>+</u> 1.9%	1,676	
College Graduate	7.6%	<u>+</u> 2.1%	2,051	
Race				NS
White	5.5%	<u>+</u> 0.9%	5,263	
Other than White	3.5%	<u>+</u> 3.1%	166	
Hispanic Ethnicity				<.0001
Hispanic	2.5%	<u>+</u> 1.0%	369	
Non-Hispanic	5.9%	<u>+</u> 1.4%	5,060	
Marital Status				<.0001
Married	6.4%	<u>+</u> 1.0%	5,351	
Unmarried	0.5%	<u>+</u> 0.4%	78	
Birthweight				NS
<2500 grams	7.0%	<u>+</u> 1.4%	409	
2500+ grams	5.3%	<u>+</u> 0.9%	5,020	
NS = Not statistically significant				

Infertility is classically defined as a lack of pregnancy among couples who have had one year of sexual intercourse without contraception. More current definitions account for maternal age. For women aged less than 35, one year of unprotected intercourse is the acceptable time, but for women aged 35 or over, the time shrinks to six months.

Women who indicate they received treatment to get pregnant are asked how long they had been trying to get pregnant. Among women 35 or younger, 46.3% said they tried for less than one year and 38.5% of women 35 or older said they tried for six months or less.

Women who report using infertility treatments are more likely to be 40 or older, college graduates, of White race, non-Hispanic, and married.

Infertility Treatment Type

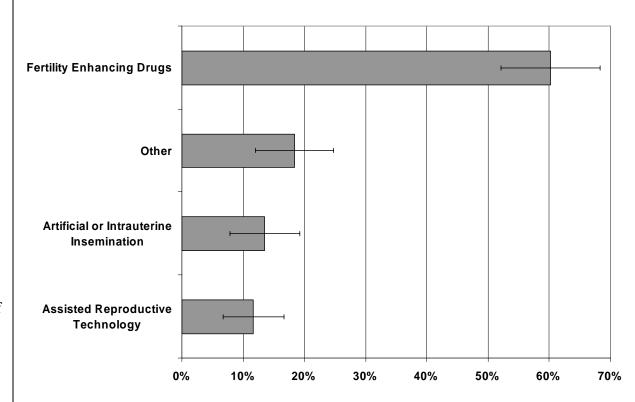


Of the women who received treatment to become pregnant, 60% reported the use of fertility enhancing drugs like Clomid, 13.5% reported using artificial insemination, 11.7% used assisted reproductive technology like in vitro fertilization, and 18.4% reported using some other medical treatment. Most often cited in the 'other' category were treatments, such as using Glucophage or surgical procedures.

In 2004-2005, 50% of twins and 66% of triplets were born to women using infertility treatments.

While women using artificial insemination and fertility enhancing drugs showed no significant differences in preterm births or low birthweight infants, women who conceived using assisted reproductive technology had significantly higher rates of preterm birth (24.8% vs 11.8%) and low birthweight (24.4% vs 5.3%) than women who did not use infertility treatments.

Treatment Type Among Women Who Reported Receiving Help to Get Pregnant, 2004-2005



Unintended Pregnancy



Percentage of Women Who Reported Their Pregnancy Was Unintended

	Percent		
	(95% Confidence	Population	
Characteristics	Interval)	Estimate	P-Value
Total Birth Population	32.7% <u>+</u> 1.7%	32,266	
Maternal Age			<.0001
<u><</u> 17	80.6% ± 7.4%	1,463	
18 - 19	63.9% <u>+</u> 6.9%	2,617	
20 - 24	39.4% <u>+</u> 3.1%	11,991	
25 - 29	25.1% <u>+</u> 2.7%	8,320	
30 - 34	27.3% <u>+</u> 3.8%	5,393	
35 - 39	27.4% <u>+</u> 6.2%	2,183	
40 +	20.4% <u>+</u> 11.0%	298	
Education Level			<.0001
Less than High School	50.5% ± 3.3%	6,520	
Completed High School	41.3% <u>+</u> 2.9%	12,268	
Some College	28.3% <u>+</u> 3.6%	7,740	
College Graduate	18.3% <u>+</u> 3.2%	4,870	
Race			<.05
White	32.1% <u>+</u> 1.7%	29,998	
Other than White	42.8% <u>+</u> 8.1%	1,973	
Hispanic Ethnicity			<.0001
Hispanic	41.8% ± 3.9%	6,082	
Non-Hispanic	31.0% <u>+</u> 1.8%	25,967	
Marital Status			<.0001
Married	26.3% <u>+</u> 1.8%	21,760	
Unmarried	66.0% <u>+</u> 3.6%	10,506	
Birthweight			<.0001
<2500 grams	39.4% ± 2.9%	2,263	
2500+ grams	32.2% <u>+</u> 1.7%	29,973	
NS = Not statistically significant			

Unintended pregnancy remains a prevalent public health problem. The Healthy People 2010 goal is for 70% of pregnancies to be intended. Overall, Utah comes close to meeting this goal, but higher rates of unintended pregnancy are found in many groups of women.

Unintended pregnancy includes births that women reported as wanting later or not at any time in the future. This report includes only live births that resulted from an unintended pregnancy; the rate might be higher if miscarriages, abortions, and stillbirths were included.

Significantly higher rates of unintended pregnancy were reported by women who were less than 20 years of age, had a high school diploma or less, other than White race, Hispanic, and unmarried.

Women with an unintended pregnancy were significantly more likely to smoke during their last trimester of pregnancy and were significantly less likely to breastfeed their infant. They were also significantly more likely to have an inpatient hospital stay, to have their infant admitted to the NICU after delivery, and to report experiencing postpartum depression symptoms.

Unintended Pregnancy



Utah PRAMS data also find that women with an unintended pregnancy report significantly higher rates of emotional, sexual, and physical abuse before and during pregnancy.

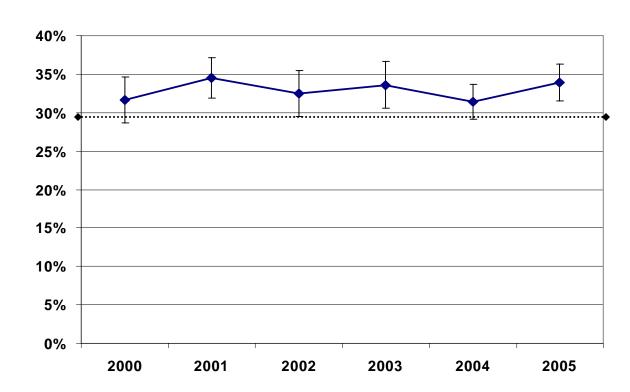
Trend data show that the rates of unintended pregnancy fluctuate slightly from year to year.

In examining contraceptive methods that women with an unintended pregnancy reported using at the time they became pregnant, it is found that women are using unreliable methods, such as condoms or withdrawal. Other methods reported, including hormonal methods, may have been used incorrectly or inconsistently.

"I never planned my pregnancy. The truth is that I wanted to get pregnant some other time because my partner and I had been together for a short time, but our mistake was to not use any method to avoid getting me pregnant." (Translated from Spanish)

--A PRAMS Mom

Percentage of Women Who Reported Their Pregnancy Was Unintended, 2000-2005



Birth Control Use Among Unintended Pregnancies



Percentage of Women With an Unintended Pregnancy Who Reported Not Using Birth Control at Conception

	Percent				
	(95% Confidence	Population			
Characteristics	Interval)	Estimate	P-Value		
Total Birth Population	42.0% <u>+</u> 3.1%	12,393			
Maternal Age			NS		
<u><</u> 17	51.9% <u>+</u> 10.6%	713			
18 - 19	48.3% <u>+</u> 9.7%	1,178			
20 - 24	44.5% <u>+</u> 5.1%	4,873			
25 - 29	42.6% <u>+</u> 6.3%	3,252			
30 - 34	35.0% <u>+</u> 8.0%	1,728			
35 - 39	29.3% <u>+</u> 13.0%	544			
40 +	~				
Education Level			<.01		
Less than High School	49.3% ± 4.8%	2,969			
Completed High School	44.4% <u>+</u> 4.7%	5,129			
Some College	38.4% <u>+</u> 7.7%	2,680			
College Graduate	32.8% <u>+</u> 9.6%	1,377			
Race			NS		
White	41.8% <u>+</u> 3.2%	11,508			
Other than White	46.7% <u>+</u> 12.5%	821			
Hispanic Ethnicity			NS		
Hispanic	40.1% <u>+</u> 6.2%	2,276			
Non-Hispanic	42.5% ± 3.6%	10,066			
Marital Status			<.001		
Married	38.6% <u>+</u> 4.0%	7,508			
Unmarried	48.6% ± 5.0%	4,885			
Birthweight			NS		
<2500 grams	44.6% ± 5.0%	929			
2500+ grams	41.9% <u>+</u> 3.3%	11,464			
NS = Not statistically significant	<u> </u>				
~ Less than 30 respondents, not rep	orted				

Of all women with an unintended pregnancy, 42% were not using birth control at the time they conceived.

Conversely, 58% of women with an unintended pregnancy reported using a birth control method at the time of conception, which could indicate inconsistent use or failure of contraception.

Women who reported not using contraception at the time of conception were significantly more likely to be unmarried or have less than a high school education.

"We were trying to save \$ by not buying birth control."

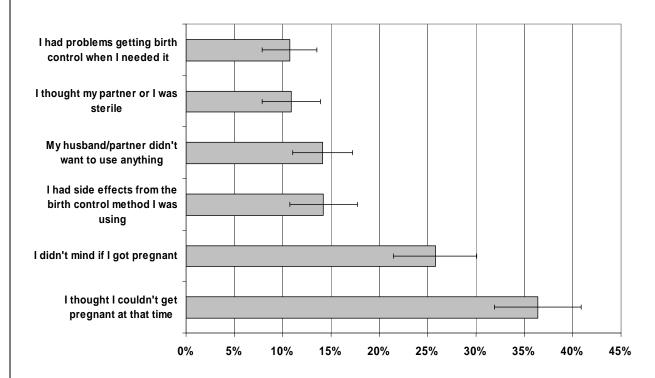
--A PRAMS Mom

Survey Question 15 Reasons For No Birth Control Among Unintended Pregnancies

The most commonly cited reason for not using birth control at the time of conception among women who reported an unintended pregnancy was "I thought I couldn't get pregnant at that time." This indicates some women may lack knowledge regarding their fertility cycles.

The second most commonly cited reason for not using contraception is that the woman didn't mind if she became pregnant. This may indicate more of an ambivalence in pregnancy intention, rather than a truly unintended pregnancy.

Reasons for Not Using Birth Control at Time of Conception Among Women With an Unintended Pregnancy, 2004-2005



Physical Abuse Before Pregnancy



Percentage of Women Who Reported Physical Abuse by a Current or Former Husband/ Partner Before Pregnancy

	Percent		
	(95% Confidence	Population	
Characteristics	Interval)	Estimate	P-Value
Total Birth Population	3.9% <u>+</u> 0.5%	3,928	
Maternal Age			<.0001
<u><</u> 17	12.6% <u>+</u> 6.5%	226	
18 - 19	10.7% <u>+</u> 4.3%	436	
20 - 24	4.5% <u>+</u> 1.2%	1,376	
25 - 29	4.0% <u>+</u> 1.2%	1,321	
30 - 34	1.6% <u>+</u> 1.0%	325	
35 - 39	٨		
40 +	11.7% <u>+</u> 10.9%	177	
Education Level			<.0001
Less than High School	8.5% <u>+</u> 1.8%	1,107	
Completed High School	5.5% <u>+</u> 1.4%	1,651	
Some College	2.8% <u>+</u> 1.3%	786	
College Graduate	1.2% <u>+</u> 0.8%	310	
Race			<.05
White	3.8% <u>+</u> 0.7%	3,570	
Other than White	7.3% <u>+</u> 3.4%	344	
Hispanic Ethnicity			<.01
Hispanic	6.8% ± 2.1%	1,001	
Non-Hispanic	3.5% <u>+</u> 0.7%	2,913	
Marital Status			<.0001
Married	2.2% <u>+</u> 0.6%	1,825	
Unmarried	13.1% <u>+</u> 2.6%	2,103	
Birthweight			NS
<2500 grams	4.6% <u>+</u> 1.3%	267	
2500+ grams	3.9% <u>+</u> 0.7%	3,661	
NS = Not statistically significant			
^ 95% Confidence interval is larger	than estimate, not reported		

Each year, an estimated 40,000 Utah women are physically assaulted by an intimate partner. Physical abuse by an intimate partner is more likely to take place during a woman's childbearing years. One of the many concerns about physical abuse is the health impact on a woman and her offspring.

In Utah, physical abuse during the perinatal time period is associated with delayed entry into prenatal care, more outpatient hospital visits for pregnancy-related morbidities, smoking during the last trimester, and experiencing postpartum depression symptoms.

The Healthy People 2010 objective is to reduce the rate of physical assault by current or former intimate partners to 3.3 physical assaults per 1,000 people aged 12 years or older. Utah's rate for intimate partner violence would be 39 per 1,000 among the PRAMS population. Although this is not a direct comparison, it highlights the high incidence of abuse in the pregnant population.

^{1.} Utah Department of Health, Violence and Injury Prevention Program. Retrieved from:

 $[\]underline{http://www.health.utah.gov/vipp/domesticViolence/overview.} \underline{html}$

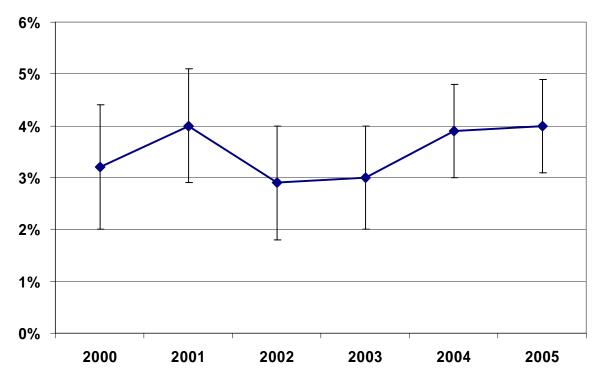
Physical Abuse Before Pregnancy

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Women who reported physical abuse in the 12 months prior to pregnancy were more likely to be younger, less educated, other than White race, Hispanic, and unmarried.

The percentage of women reporting physical abuse by an intimate partner before pregnancy declined in 2002; however, since then, it has increased each subsequent year.

Percentage of Women Reporting Abuse by a Current or Former Husband/Partner Before Pregnancy, 2000-2005



Insurance Before Pregnancy



Percentage of Women Who Had No Insurance Before Pregnancy

	Percent		
	(95% Confidence	Population	
Characteristics	Interval)	Estimate	P-Value
Total Birth Population	30.8% <u>+</u> 1.5%	30,883	
Maternal Age			<.001
<u><</u> 17	62.8% <u>+</u> 9.1%	1,118	
18 - 19	69.3% ± 7.0%	2,850	
20 - 24	41.3% <u>+</u> 3.0%	12,665	
25 - 29	23.9% <u>+</u> 2.5%	8,052	
30 - 34	21.3% <u>+</u> 3.3%	4,284	
35 - 39	18.5% <u>+</u> 4.6%	1,555	
40 +	24.2% <u>+</u> 11.6%	358	
Education Level			<.0001
Less than High School	74.8% ± 2.8%	9,860	
Completed High School	40.0% <u>+</u> 2.8%	12,130	
Some College	19.3% <u>+</u> 3.1%	5,353	
College Graduate	9.9% <u>+</u> 2.4%	2,648	
Race			<.05
White	30.3% <u>+</u> 1.5%	28,743	
Other than White	40.8% <u>+</u> 7.8%	1,960	
Hispanic Ethnicity			<.0001
Hispanic	67.7% <u>+</u> 3.9%	10,116	
Non-Hispanic	24.3% <u>+</u> 1.6%	20,632	
Marital Status			<.0001
Married	23.0% <u>+</u> 1.6%	19,322	
Unmarried	71.2% <u>+</u> 3.6%	11,561	
Birthweight			<.0001
<2500 grams	39.0% ± 2.7%	2,279	
2500+ grams	30.3% <u>+</u> 2.7%	28,568	

The CDC's recommendations to improve childbearing women's health *before* conception that may contribute to healthier birth outcomes include the following: "Increase public and private health insurance coverage for women with low incomes to improve access to preventive women's health and preconception and interconception care." ¹

Unmarried women, women with less than a high school education, and other than White women reported higher rates of being uninsured before pregnancy.

More than 67% of Hispanic women reported that they had no health insurance prior to pregnancy.

Women with no insurance before conception had significantly higher rates of unintended pregnancy and late entry into prenatal care than women with private insurance.

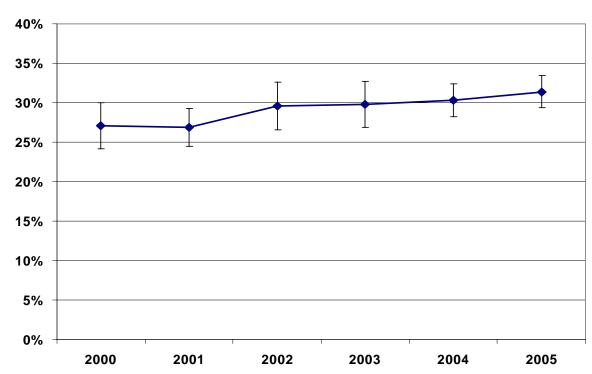
^{1.} Department of Health and Human Services, Centers for Disease Control and Prevention. Recommendations to Improve Preconception Health and Health Care—United States. MMWR. April 21, 2006 / 55(RR06);1-23

Insurance Before Pregnancy



The percentage of women who report no insurance coverage before pregnancy has increased steadily since 2000. Ensuring that this critical group is considered in any health care reform agenda has the potential to improve birth outcomes and decrease health care costs related to poor pregnancy outcomes.

Percentage of Women With No Insurance Before Pregnancy, 2000-2005



Medicaid Before Pregnancy



Percentage of Women on Medicaid Before Pregnancy

	Percent		
	(95% Confidence	Population	
Characteristics	Interval)	Estimate	P-Value
Total Birth Population	6.1% <u>+</u> 0.8%	6,110	
Maternal Age		-, -	<.0001
≤ 17	21.1% ± 7.3%	383	
	12.1% <u>+</u> 4.5%	503	
20 - 24	7.9% <u>+</u> 1.6%	2,417	
25 - 29	4.6% <u>+</u> 1.2%	1,558	
30 - 34	4.2% <u>+</u> 1.7%	848	
35 - 39	3.8% <u>+</u> 2.6%	316	
40 +	٨		
Education Level			<.0001
Less than High School	12.7% ± 2.2%	1,676	
Completed High School	7.5% <u>+</u> 1.5%	2,266	
Some College	4.6% <u>+</u> 1.7%	1,276	
College Graduate	2.7% <u>+</u> 1.3%	726	
Race			<.05
White	5.8% <u>+</u> 0.8%	5,534	
Other than White	11.2% <u>+</u> 4.7%	531	
Hispanic Ethnicity			NS
Hispanic	7.3% ± 2.0%	1,098	
Non-Hispanic	5.9% <u>+</u> 0.9%	4,989	
Marital Status			<.0001
Married	4.1% <u>+</u> 0.8%	3,422	
Unmarried	16.5% <u>+</u> 2.8%	2,689	
Birthweight			<.05
<2500 grams	8.4% <u>+</u> 1.7%	491	
2500+ grams	5.9% <u>+</u> 0.9%	5,606	
^ 95% Confidence interval is larger	than estimate, not reported		

Racial and ethnic minority women, unmarried women, and those with less than a high school education were more likely to report being on Medicaid prior to pregnancy.

Women enrolled in Medicaid prior to conception were significantly more likely to report their pregnancy as unintended.

"I just really appreciate Medicaid covering us last year when we had to move and had a hard time finding jobs, etc. We would have been in deep trouble if we couldn't have applied for Medicaid."

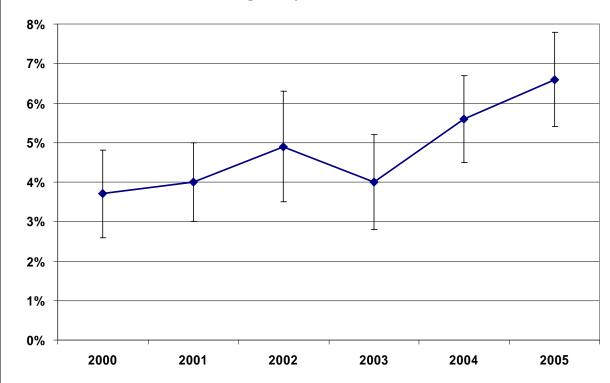
-- A PRAMS Mom

Medicaid Before Pregnancy



Women under the age of 18 were more likely to report being insured by Medicaid before their pregnancy. While a relatively small percentage of Utah women qualify for Medicaid prior to pregnancy, the rate has increased over time.

The Percentage of Women on Medicaid Before Pregnancy, 2000-2005



Preconception Visit With a Health Care Provider



Percentage of Women Who Reported No Preconception Visit With a Health Care Provider

	Percent		
	(95% Confidence	Population	
Characteristics	Interval)	Estimate	P-Value
Total Birth Population	73.9% <u>+</u> 1.6%	74,035	
Maternal Age			<.0001
<u><</u> 17	88.5% <u>+</u> 5.5%	1,582	
18 - 19	89.3% ± 4.1%	3,689	
20 - 24	81.0% <u>+</u> 2.5%	24,882	
25 - 29	69.9% <u>+</u> 3.0%	23,497	
30 - 34	67.9% <u>+</u> 4.1%	13,607	
35 - 39	68.4% <u>+</u> 6.3%	5,733	
40 +	71.4% <u>+</u> 14.2%	1,046	
Education Level			<.0001
Less than High School	84.2% ± 2.3%	11,008	
Completed High School	80.0% <u>+</u> 2.3%	24,282	
Some College	74.1% <u>+</u> 3.5%	20,531	
College Graduate	61.4% <u>+</u> 4.0%	16,485	
Race			NS
White	73.6% <u>+</u> 1.7%	69,734	
Other than White	78.0% <u>+</u> 6.9%	3,735	
Hispanic Ethnicity			<.0001
Hispanic	81.6% ± 3.2%	12,096	
Non-Hispanic	72.6% <u>+</u> 1.9%	61,556	
Marital Status			<.0001
Married	71.0% <u>+</u> 1.9%	59,504	
Unmarried	89.3% ± 2.3%	14,531	
Birthweight			<.001
<2500 grams	69.7% <u>+</u> 2.7%	4,073	
2500+ grams	74.2% <u>+</u> 1.7%	69,915	
NS = Not statistically significant			

Recently, the CDC published 10 recommendations to improve childbearing women's health *before* conception that may contribute to healthier birth outcomes. One of these recommendations is to incorporate a prepregnancy checkup for women who are planning on becoming pregnant. The purpose of this checkup is to ensure that women are in optimal health for pregnancy and do not enter pregnancy with unmanaged health conditions, such as diabetes or hypertension, or unhealthy behaviors like tobacco use.¹

Nearly 74% of women reported not visiting with their health care provider to prepare for a healthy pregnancy. Women who were younger, less educated, Hispanic, and unmarried reported significantly higher rates of no preconception visit.

^{1.} Department of Health and Human Services, Centers for Disease Control and Prevention. Recommendations to Improve Preconception Health and Health Care—United States. MMWR. April 21, 2006 / 55(RR06);1-23

Preconception Visit by Health Insurance Status



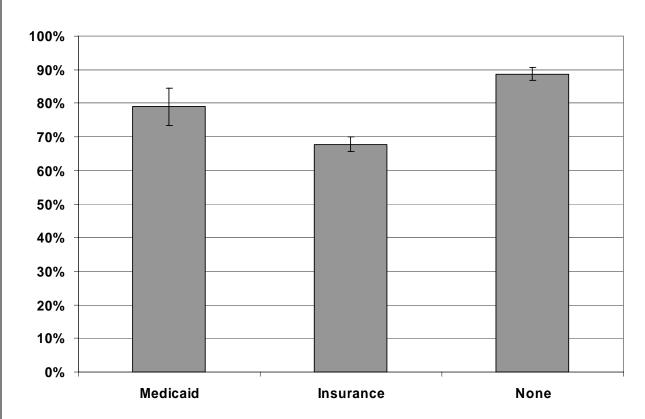
One of the potential barriers of prepregnancy checkups is health insurance coverage. Among women who did not have prepregnancy health insurance, nearly 90% reported not having a preconception visit.

Approximately 80% of women with prepregnancy Medicaid coverage reported no preconception visit. Medicaid enrollees are permitted one well-woman checkup per year, which may affect a woman's decision to seek preconception care.

"Women should get a physical exam before thinking about becoming pregnant to make sure that there will not be risks during pregnancy and [they should] take prenatal pills." (Translated from Spanish)

--A PRAMS Mom

Percentage of Women With No Preconception Visit by Prepregnancy Health Insurance Status, 2004-2005





Percentage of Women Who Never Had Their Teeth Cleaned by a Dental Professional

	Percent	Population	
Characteristics	(95% Confidence	Estimate	P-Value
Total Birth Population	8.0% <u>+</u> 0.8%	7,952	
Maternal Age			<.0001
<u><</u> 17	14.5% <u>+</u> 6.7%	1,541	
18 - 19	20.7% <u>+</u> 5.6%	3,175	
20 - 24	9.1% <u>+</u> 1.5%	2,789	
25 - 29	6.7% <u>+</u> 1.3%	2,252	
30 - 34	5.9% <u>+</u> 1.6%	1,168	
35 - 39	6.4% <u>+</u> 2.6%	528	
40 +	٨		
Education Level			<.0001
Less than High School	32.5% ± 3.1%	4,173	
Completed High School	8.5% <u>+</u> 1.6%	2,543	
Some College	2.0% <u>+</u> 1.1%	556	
College Graduate	1.2% <u>+</u> 0.9%	314	
Race			<.001
White	7.5% <u>+</u> 0.8%	7,067	
Other than White	16.9% <u>+</u> 5.4%	792	
Hispanic Ethnicity			<.0001
Hispanic	34.1% ± 3.6%	4,965	
Non-Hispanic	3.4% <u>+</u> 0.6%	2,912	
Marital Status			<.0001
Married	5.5% <u>+</u> 0.7%	4,622	
Unmarried	20.8% <u>+</u> 2.9%	3,329	
Birthweight			<.001
<2500 grams	11.6% <u>+</u> 1.8%	666	
2500+ grams	7.8% <u>+</u> 0.8%	7,286	
NS = Not statistically signficant			
^ 95% Confidence interval is larger than estimate, not reported			

Researchers continue to uncover the relationship between oral health and healthy pregnancy outcomes. One recent finding is that maternal periodontal disease, or gum disease, is associated with preterm birth and low birthweight infants.¹

Eight percent (~8,000 women) of the PRAMS respondents reported never having had their teeth cleaned by a dental professional. This may reflect the percentage of women who have never been to the dentist for a check-up, which routinely includes teeth cleaning.

Childbearing-age women who do not regularly see a dental professional run the risk of having undetected oral infections or other dental problems that can worsen and lead to more serious health complications.

^{1.} Dasanayake AP, Gennaro S, Hendricks-Muñoz KD, Chhun N. Maternal periodontal disease, pregnancy, and neonatal outcomes. MCN Am J Matern Child Nurs. 2008 Jan-Feb;33(1):45-9.

Teeth Cleaning by Ethnicity

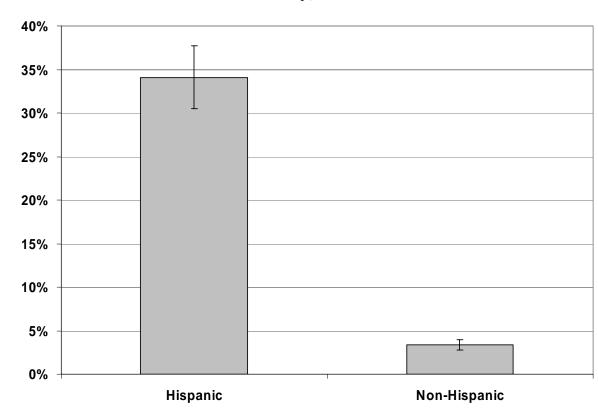


Women who have never had their teeth cleaned by a dental professional were more likely to be younger, less educated, non-White race, Hispanic, unmarried, and to deliver a low birthweight infant.

Women of Hispanic ethnicity had the highest rates of reporting never having had their teeth cleaned (34.1% vs. 3.4%). This may be due to cultural differences, health disparities, or lack of access to affordable services.

Healthy People 2010 Objective 21-10 is to increase the proportion of children and adults who use the oral health care system each year to 56%. While this objective is not directly comparable to what PRAMS measures, it is important to be aware that, at minimum, yearly dental visits would be beneficial to childbearing-aged women.

Percentage of Women With No Dental Cleaning by Ethnicity, 2004-2005



Late or No Entry Into Prenatal Care



Percentage of Women Who Received Prenatal Care After the First Trimester or Not at All

	Percent		
	(95% Confidence	Population	
Characteristics	Interval)	Estimate	P-Value
Total Birth Population	19.8% <u>+</u> 1.4%	19,458	
Maternal Age			<.0001
<u><</u> 17	37.5% <u>+</u> 9.1%	660	
18 - 19	39.0% ± 7.3%	1,572	
20 - 24	20.9% <u>+</u> 2.6%	6,226	
25 - 29	17.8% <u>+</u> 2.4%	5,884	
30 - 34	17.2% <u>+</u> 3.2%	3,382	
35 - 39	17.1% <u>+</u> 4.8%	1,426	
40 +	21.1% <u>+</u> 12.4%	308	
Education Level			<.0001
Less than High School	34.7% ± 3.2%	4,376	
Completed High School	21.6% <u>+</u> 2.4%	6,408	
Some College	17.4% <u>+</u> 3.1%	4,732	
College Graduate	13.2% <u>+</u> 2.8%	3,502	
Race			<.05
White	19.4% <u>+</u> 1.5%	18,040	
Other than White	27.5% ± 7.0%	1,278	
Hispanic Ethnicity			<.0001
Hispanic	30.0% ± 3.6%	4,268	
Non-Hispanic	18.1% <u>+</u> 1.6%	15,082	
Marital Status			<.0001
Married	16.8% <u>+</u> 1.5%	13,823	
Unmarried	35.7% <u>+</u> 3.7%	5,635	
Birthweight			NS
<2500 grams	22.0% ± 2.6%	1,248	
2500+ grams	19.7% <u>+</u> 1.5%	18,196	
NS = Not statistically significant			

The Healthy People 2010 goal is for 90% of pregnant women to begin prenatal care in the first trimester. Utah fell short of this goal with 80.2% of women entering prenatal care in the first trimester.

Women who were other than White race, Hispanic ethnicity, or unmarried had significantly higher rates of late entry. Significant differences were also found among women under 20 years of age and those with less than a high school education reporting the highest rates of late entry.

"This was my first baby and I did not understand that I needed to be seen sooner (before 3 months) for prenatal care."

--A PRAMS Mom

Late or No Entry Into Prenatal Care



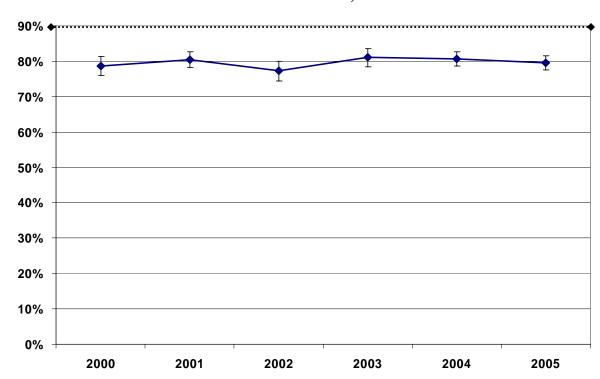
Trend data show that little progress has been made to improve first trimester prenatal care entry in Utah.

Among women who entered prenatal care late, nearly 62% reported receiving care as early as they wanted. This indicates that some women may not value early prenatal care.

"I think that if prenatal care were more economical the mothers could attend sooner and hence would have healthier deliveries and babies." (Translated from Spanish)

--A PRAMS Mom

Percentage of Women Who Received Prenatal Care in the First Trimester, 2000-2005







Percentage of Women With Late or No Prenatal Care Who Did Not Get Care as Early as Desired

	Percent		
	(95% Confidence	Population	
Characteristics	Interval)	Estimate	P-Value
Total Birth Population	38.3% <u>+</u> 3.9%	7,247	
Maternal Age			<.05
<u><</u> 17	50.3% <u>+</u> 15.5%	322	
18 - 19	55.0% <u>+</u> 12.1%	844	
20 - 24	41.0% <u>+</u> 6.8%	2,477	
25 - 29	34.2% <u>+</u> 7.2%	1,976	
30 - 34	31.8% <u>+</u> 9.5%	1,043	
35 - 39	32.9% <u>+</u> 13.7%	442	
40 +	~		
Education Level			<.001
Less than High School	40.6% <u>+</u> 5.7%	1,723	
Completed High School	48.9% ± 6.4%	3,063	
Some College	28.3% <u>+</u> 8.7%	1,308	
College Graduate	28.2% <u>+</u> 10.4%	945	
Race			<.05
White	37.0% <u>+</u> 4.0%	6,501	
Other than White	54.7% <u>+</u> 14.8%	665	
Hispanic Ethnicity			NS
Hispanic	43.5% ± 7.3%	1,812	
Non-Hispanic	36.7% <u>+</u> 4.5%	5,373	
Marital Status			<.0001
Married	30.9% <u>+</u> 4.6%	4,152	
Unmarried	56.6% <u>+</u> 6.3%	3,095	
Birthweight			<.001
<2500 grams	52.7% <u>+</u> 6.9%	635	
2500+ grams	37.3% <u>+</u> 4.1%	6,604	
NS = Not statistically significant			
~ Less than 30 respondents, not rep	orted		

Younger women, those with a high school education or less, other than White race, and unmarried women were more likely to report not getting prenatal care as early as wanted. Women who delivered a low birthweight infant were significantly more likely to report not getting care as early as desired.

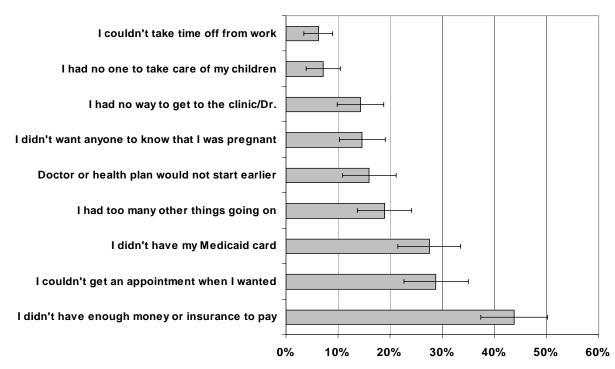
Among women who received late or no prenatal care and said they did not get prenatal care as early as they wanted, the most commonly cited reason was lack of money or insurance to pay for care (43.8%). Almost 29% of women with late prenatal care cited not being able to get an appointment as a reason for late entry.

Survey Question 23 Reasons for Not Getting Prenatal Care as Early as Wanted

"I took a home pregnancy test early in the pregnancy to confirm I was pregnant. Soon after the test I called the obstetrician's office to make an appointment for my first visit. I was disappointed and worried when the receptionist said the doctor will only see a woman after two missed periods. I guess they don't want a false reading, but I wanted to ask prenatal questions and get prenatal vitamins."

--A PRAMS Mom

Among Women Who Received Late or No Prenatal Care, Reasons Women Did Not Get Prenatal Care as Early as Desired, 2004-2005



Physical Abuse Discussion With Health Care Provider Survey Question 29b



Percentage of Women Who Reported Their Health Care Provider Did Not Ask if Someone Was Hurting Them Emotionally or Physically

	Percent		
	(95% Confidence	Population	
Characteristics	Interval)	Estimate	P-Value
Total Birth Population	70.1% + 1.6%	68,517	1 Value
Maternal Age	1011/0 <u>1</u> 110/0	00,011	<.0001
< 17	43.9% + 9.3%	970	
 18 - 19	50.0% + 7.5%	1,961	
20 - 24	66.9% + 3.0%	19,971	
25 - 29	73.9% <u>+</u> 2.8%	24,370	
30 - 34	71.6% + 3.9%	13,989	
35 - 39	74.6% <u>+</u> 5.7%	6,153	
40 +	75.3% + 13.4%	1,103	
Education Level		•	<.0001
Less than High School	53.0% <u>+</u> 3.3%	6,679	
Completed High School	66.5% <u>+</u> 2.8%	19,706	
Some College	74.4% <u>+</u> 3.5%	20,050	
College Graduate	78.3% ± 3.4%	20,775	
Race			NS
White	70.1% <u>+</u> 1.7%	64,938	
Other than White	67.8% <u>+</u> 7.7%	3,145	
Hispanic Ethnicity			<.0001
Hispanic	53.5% <u>+</u> 4.0%	7,442	
Non-Hispanic	72.8% <u>+</u> 1.8%	60,753	
Marital Status			<.0001
Married	72.9% ± 3.9%	59,926	
Unmarried	55.1% <u>+</u> 1.8%	8,590	
Birthweight			<.001
<2500 grams	63.8% <u>+</u> 2.9%	3,620	
2500+ grams	70.5% <u>+</u> 1.7%	64,845	
NS = Not statistically signficant			

Seventy percent of Utah women indicated they were not screened for physical or emotional abuse during their prenatal care.

Among women who reported emotional or physical abuse during pregnancy, only 34% said that at some point during their prenatal care their provider asked if someone was hurting them emotionally or physically.

Pregnancy offers a unique opportunity for providers to screen for domestic violence. The American College of Obstetricians and Gynecologists (ACOG) recommends screening women at the first prenatal visit, once per trimester, and at the postpartum checkup, because women may not disclose abuse the first time they are asked.

Despite the fact that physical abuse occurs across all racial and age groups, older women in Utah were less likely to be screened for physical abuse, as were more educated, White, non-Hispanic, and married women.

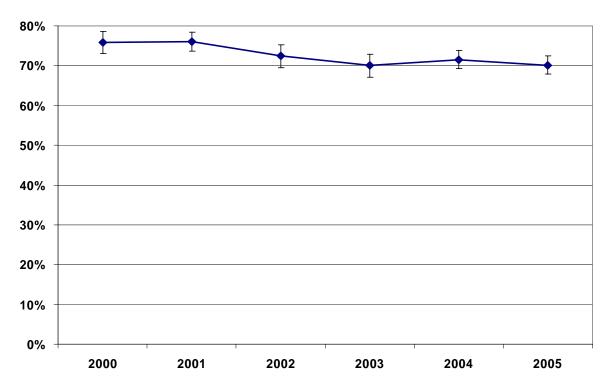
Physical Abuse Discussion With Health Care Provider



In a 1999 comparison of national PRAMS data, Utah had the lowest rate of physical abuse discussion of the 17 states reporting.

Since 2000, the percentage of women reporting being screened for abuse by a health care provider has gradually increased. The Utah Domestic Violence Council Health Care Committee offers free training to health care providers, nursing students, and medical students on screening, referring, and reporting domestic violence. These efforts are greatly needed in Utah to make domestic violence screening a part of routine health care practice.

Percentage of Women Who Reported Their Health Care Provider Did Not Ask if Someone Was Hurting Them Emotionally or Physically, 2000-2005





Percentage of Women Who Reported Their Health Care Provider Did Not Ask if They Wanted to Be Tested for HIV

	Percent		
	(95% Confidence	Population	
Characteristics	Interval)	Estimate	P-Value
Total Birth Population	43.1% +1.8%	41,977	
Maternal Age			<.0001
<u>≤</u> 17	20.6% <u>+</u> 7.5%	371	
18 - 19	24.7% <u>+</u> 6.6%	961	
20 - 24	41.1% <u>+</u> 3.2%	12,243	
25 - 29	46.5% <u>+</u> 3.3%	15,234	
30 - 34	43.6% <u>+</u> 4.4%	8,502	
35 - 39	47.6% <u>+</u> 6.9%	4,304	
40 +	53.0% <u>+</u> 15.8%	672	
Education Level			<.0001
Less than High School	26.1% <u>+</u> 2.9%	3,250	
Completed High School	38.1% <u>+</u> 2.8%	11,225	
Some College	46.7% <u>+</u> 4.0%	12,571	
College Graduate	52.6% <u>+</u> 4.1%	13,960	
Race			<.05
White	43.5% ± 1.9%	40,096	
Other than White	33.3% <u>+</u> 7.9%	1,544	
Hispanic Ethnicity			<.0001
Hispanic	26.5% <u>+</u> 3.7%	3,639	
Non-Hispanic	45.7% <u>+</u> 2.1%	38,069	
Marital Status			<.0001
Married	46.8% ± 2.1%	38,348	
Unmarried	23.6% <u>+</u> 3.4%	3,629	
Birthweight			<.01
<2500 grams	38.4% <u>+</u> 2.9%	2,176	
2500+ grams	43.4% <u>+</u> 2.0%	39,767	
NS = Not statistically significant			

Given the risk of transmission of HIV from an infected mother to her fetus/infant, all women should be screened prenatally. Screening all women is especially vital since available perinatal treatment can reduce the risk of perinatal transmission by as much as two-thirds.

OB/GYNs have a special obligation to provide education about modes of transmission of HIV, protection from infection, and the role of testing. ACOG recommends that OB/GYNs should offer voluntary and confidential HIV testing to all women.

In Utah, during 2004-2005, 20 HIV-positive women delivered infants, compared to thirteen during 2000-2001.

^{1.} Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

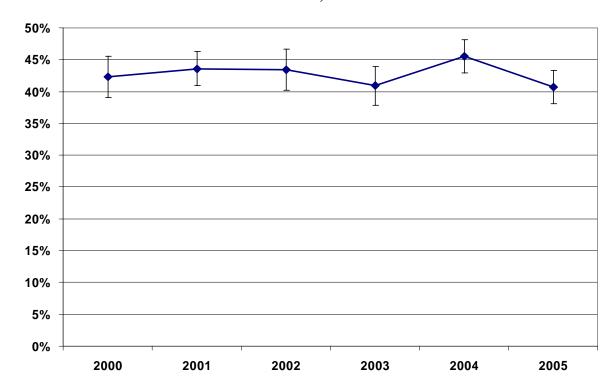
HIV Discussion With Health Care Provider



Approximately half of Utah women reported that their provider did not offer them HIV testing during their prenatal care despite the CDC recommendation for universal screening.

Analysis of all 17 PRAMS states collecting this data during 1999 revealed that Utah ranked lowest for prenatal discussion of HIV testing.

Percentage of Women Who Reported Their Health Care Provider Did Not Ask if They Wanted to Be Tested for HIV, 2000-2005



Seat Belt Use Discussion With Health Care Provider



Percentage of Women Who Reported Their Health Care Provider Did Not Talk With Them About Seat Belt Use

	Percent		
	(95% Confidence	Population	
Characteristics	Interval)	Estimate	P-Value
Total Birth Population	58.6% <u>+</u> 1.8%	57,261	
Maternal Age			<.0001
<u><</u> 17	53.2% <u>+</u> 9.3%	957	
18 - 19	35.8% <u>+</u> 7.1%	1,409	
20 - 24	57.1% <u>+</u> 3.2%	17,071	
25 - 29	61.7% ± 3.2%	20,272	
30 - 34	60.5% <u>+</u> 4.3%	11,784	
35 - 39	59.4% <u>+</u> 6.6%	4,890	
40 +	60.3% <u>+</u> 15.2%	879	
Education Level			<.0001
Less than High School	42.5% <u>+</u> 3.3%	5,329	
Completed High School	54.5% <u>+</u> 2.9%	16,051	
Some College	61.2% <u>+</u> 4.0%	16,565	
College Graduate	68.7% ± 3.8%	18,269	
Race			NS
White	58.9% <u>+</u> 1.9%	54,483	
Other than White	50.7% <u>+</u> 8.3%	2,357	
Hispanic Ethnicity			<.0001
Hispanic	40.0% <u>+</u> 4.1%	5,506	
Non-Hispanic	61.7% ± 2.0%	51,470	
Marital Status			<.0001
Married	60.8% ± 2.0%	50,037	
Unmarried	47.1% <u>+</u> 3.9%	7,224	
Birthweight			NS
<2500 grams	57.0% <u>+</u> 3.0%	3,229	
2500+ grams	58.7% <u>+</u> 1.9%	53,975	
NS = Not statistically significant			

More than 1,200 pregnant women (1.2%) reported being hurt in a car accident during their pregnancy.

ACOG recommends encouraging pregnant women to wear properly positioned restraints throughout pregnancy. Counseling during prenatal care has been effective in increasing seat belt use.

Women who were better educated, non-Hispanic, and married were significantly less likely to report a seat belt discussion with their provider. There was also variation by maternal age.

The PRAMS survey asks respondents how often they wore a seat belt in the last trimester. Only 86.9% of women indicated they always wore a seat belt. There is room for improvement and health care provider encouragement can help.

Seat Belt Discussion With Health Care Provider

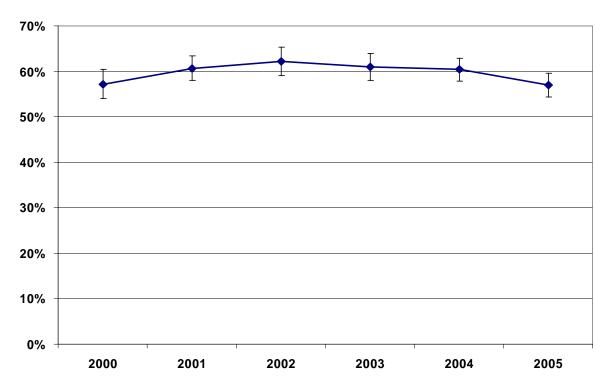


Trend data show that women reporting no discussion about seat belt use increased until 2002 but has been decreasing since.

"I wished that my doctor had talked to me about breastfeeding, wearing seat belts, etc."

--A PRAMS Mom

Percentage of Women Who Reported Their Health Care Provider Did Not Talk With Them About Seat Belt Use, 2000-2005



Breastfeeding Discussion With Health Care Provider



Percentage of Women Who Reported Their Health Care Provider Did Not Talk With Them About Breastfeeding

	Percent		
	(95% Confidence	Population	
Characteristics	Interval)	Estimate	P-Value
Total Birth Population	25.7% <u>+</u> 1.7%	25,123	
Maternal Age			<.0001
<u><</u> 17	12.8% <u>+</u> 6.5%	229	
18 - 19	10.2% <u>+</u> 4.8%	402	
20 - 24	20.7% <u>+</u> 2.7%	6,201	
25 - 29	29.2% <u>+</u> 3.0%	9,668	
30 - 34	28.1% <u>+</u> 4.0%	5,475	
35 - 39	31.1% <u>+</u> 6.4%	2,561	
40 +	40.5% <u>+</u> 15.7%	586	
Education Level			<.0001
Less than High School	15.1% <u>+</u> 2.4%	1,904	
Completed High School	20.3% <u>+</u> 2.3%	6,027	
Some College	28.4% <u>+</u> 3.7%	7,678	
College Graduate	33.6% <u>+</u> 3.9%	8,905	
Race			NS
White	25.8% ± 1.7%	23,912	
Other than White	21.5% <u>+</u> 7.0%	1,010	
Hispanic Ethnicity			<.0001
Hispanic	16.9% <u>+</u> 3.2%	2,343	
Non-Hispanic	27.0% <u>+</u> 1.9%	22,610	
Marital Status			<.0001
Married	27.0% ± 1.9%	22,248	
Unmarried	18.5% <u>+</u> 3.2%	2,875	
Birthweight			NS
<2500 grams	26.6% ± 2.6%	1,507	
2500+ grams	25.6% <u>+</u> 1.8%	23,580	
NS = Not statistically signficant			

The American Academy of Pediatrics (AAP) states "Breastfeeding ensures the best possible health as well as the best developmental and psychosocial outcomes for the infant. Enthusiastic support and involvement of pediatricians in the promotion and practice of breastfeeding is essential to the achievement of optimal infant and child health, growth, and development."

ACOG committee opinion #361 calls on professionals caring for women and their infants to support breastfeeding. "Health care professionals have a wide range of opportunities to serve as a primary resource to the public and their patients regarding the benefits of breastfeeding and the knowledge, skills, and support needed for successful breastfeeding." The opinion goes on to state that, "The advice and encouragement of the OB/GYN during preconception, prenatal, postpartum, and interconception care are critical in making the decision to breastfeed."²

^{1.} Breastfeeding and the use of human milk. American Academy of Pediatrics, Work Group on Breastfeeding. *Pediatrics* 100: 1035-39 (1997).

^{2.} ACOG Committee Opinion No. 361: Breastfeeding: maternal and infant aspects. Obstet Gynecol. 2007 Feb; 109 (2 Pt 1):479-80.

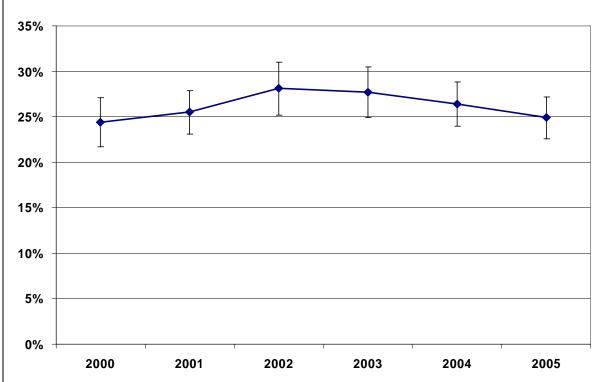
Breastfeeding Discussion with Health Care Provider



Women who were older, more educated, non-Hispanic, and married were significantly more likely to report not talking to their health care provider about breastfeeding.

Trend data show that the proportion of women reporting no breastfeeding discussion with their provider increased from 2000 to 2002, then decreased until 2005.

Percentage of Women Who Reported Their Health Care Provider Did Not Talk With Them About Breastfeeding, 2000-2005



Physical Abuse During Pregnancy



Percentage of Women Who Reported Physical Abuse by a Current or Former Husband/Partner During Pregnancy

	Percent		
	(95% Confider	nce Population	
Characteristics	Interval)	Estimate	P-Value
Total Birth Population	2.7% <u>+</u> 0.5	% 2,734	
Maternal Age			<.0001
<u><</u> 17	10.1% <u>+</u> 5.5	% 181	
18 - 19	7.4% <u>+</u> 3.5	% 308	
20 - 24	3.0% <u>+</u> 1.0	% 920	
25 - 29	2.8% <u>+</u> 1.0	% 928	
30 - 34	1.5% <u>+</u> 1.0	% 305	
35 - 39	۸		
40 +	۸		
Education Level			<.0001
Less than High School	6.3% <u>+</u> 1.6	% 824	
Completed High School	3.5% <u>+</u> 1.1	% 1,044	
Some College	1.8% <u>+</u> 1.1	% 501	
College Graduate	1.1% <u>+</u> 0.9	% 304	
Race			NS
White	2.6% <u>+</u> 0.6	% 2,446	
Other than White	5.7% <u>+</u> 3.2	% 269	
Hispanic Ethnicity			<.05
Hispanic	4.6% <u>+</u> 1.6	% 679	
Non-Hispanic	2.4% <u>+</u> 0.6	% 2,036	
Marital Status			<.0001
Married	1.4% <u>+</u> 0.5	% 1,198	
Unmarried	9.5% ± 2.3	% 1,536	
Birthweight			NS
<2500 grams	2.7% <u>+</u> 1.0	% 157	
2500+ grams	2.8% <u>+</u> 0.6	% 2,577	
NS= Not statistically significant			
^ Confidence interval is larger than e	estimate, not reported	<u></u>	

Women aged 17 or younger reported the highest rates of physical abuse by a current or former husband/partner during pregnancy (10.1%), followed by unmarried women (9.5%). Significant differences were also found among women who were less educated and of Hispanic ethnicity.

"Even though my partner was abusive before and during most of my pregnancy he is no longer in my life and is currently in prison for his acts."

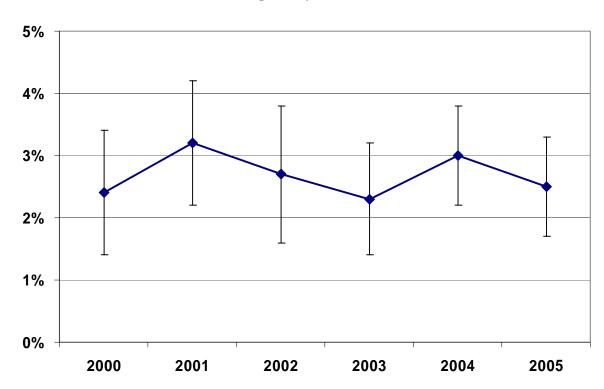
--A PRAMS Mom

Physical Abuse During Pregnancy



Trend data show that the percentage of women reporting abuse by an intimate partner during pregnancy fluctuates from year to year. There is still much to be done in terms of raising awareness of domestic violence and increasing screening by health care providers.

Percentage of Women Reporting Abuse by a Current or Former Husband/Partner During Pregnancy, 2000-2005



Emotional Abuse During Pregnancy



Percentage of Women Who Reported Emotional Abuse by Husband/Partner During Pregnancy

	Percent		
	(95% Confidence	Population	
Characteristics	Interval)	Estimate	P-Value
Total Birth Population	6.0% <u>+</u> 0.8%	5,984	
Maternal Age	_	,	<.0001
≤ 17	24.7% + 8.0%	450	
18 - 19	13.5% <u>+</u> 4.8%	559	
20 - 24	6.3% <u>+</u> 1.4%	1,950	
25 - 29	4.9% <u>+</u> 1.3%	1,666	
30 - 34	4.0% <u>+</u> 1.6%	812	
35 - 39	4.5% <u>+</u> 2.6%	374	
40 +	11.7% <u>+</u> 10.8%	174	
Education Level			<.0001
Less than High School	13.2% <u>+</u> 2.2%	1,749	
Completed High School	7.0% <u>+</u> 1.5%	2,113	
Some College	5.1% <u>+</u> 1.8%	1,411	
College Graduate	2.2% <u>+</u> 1.2%	581	
Race			NS
White	5.9% <u>+</u> 0.8%	5,622	
Other than White	7.0% ± 3.3%	338	
Hispanic Ethnicity			<.01
Hispanic	8.8% ± 2.2%	1,309	
Non-Hispanic	5.5% <u>+</u> 0.9%	4,656	
Marital Status			<.0001
Married	3.6% <u>+</u> 0.7%	3,026	
Unmarried	18.1% <u>+</u> 2.9%	2,957	
Birthweight			<.05
<2500 grams	8.1% <u>+</u> 1.6%	475	
2500+ grams	5.8% <u>+</u> 0.8%	5,509	
NS = Not statistically significant			

Emotional abuse by a husband or partner is a major type of violence that is often overlooked. Emotional abuse is frequently a precursor to and a warning sign of ensuing physical abuse.

Researchers have found that emotional abuse alone is as damaging to women's mental health as physical abuse.

Additionally, emotional abuse may be a stronger predictor variable of depression and anxiety compared to physical abuse.

Overall, 6.0% of PRAMS respondents reported emotional abuse. However, there are segment populations that reported much higher rates. Nearly 25% of women aged 17 or younger reported emotional abuse. Other women who were more likely to report emotional abuse were less educated, Hispanic, and unmarried.

^{1.} Pico-Alfonso, M, Garcia-Linares, M I, Celda Navarro, N, Blasco-Ros, C, Echeburua, E, Martinez, M (2006). The impact of physical, psychological, and sexual intimate male partner violence on women's mental health: Depressive symptoms, posttraumatic stress disorder, state anxiety, and suicide. *Journal of Women's Health*, *15*(5), 599-611.

Emotional Abuse During Pregnancy by Type

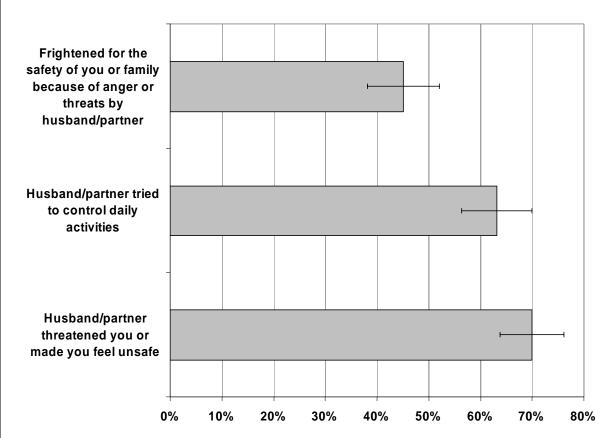


Among women who reported emotional abuse, 70% reported that their husband or partner threatened them or made them feel unsafe.

"My first ex, he used [to] abuse me a lot. I felt like I was in a cage for 8 years. I never used to visit my family...he wouldn't let me talk to my friends. I was so scared of him."

--A PRAMS Mom

Type of Emotional Abuse by Husband/Partner Reported Among PRAMS Respondents, 2004-2005



Group B Strep Test During Pregnancy



Percentage of Women Who Were Not Tested or Do Not Know Whether They Were Tested for Group B Strep During Pregnancy

No Test

Don't Know if Tested

	Percent		Percent		
	(95% Confidence	Population	(95% Confidence	Population	
Characteristics	Interval)	Estimate	Interval)	Estimate	P-Value
Total Birth Population	7.5% <u>+</u> 0.9%	7,232	11.3% <u>+</u> 1.0%	10,909	
Maternal Age					<.0001
<u><</u> 17	10.0% <u>+</u> 5.3%	169	26.6% ± 8.2%	119	
18 - 19	12.5% <u>+</u> 4.7%	488	23.3% <u>+</u> 6.0%	913	
20 - 24	6.8% <u>+</u> 1.5%	1,976	11.5% <u>+</u> 1.7%	3,363	
25 - 29	7.3% <u>+</u> 1.6%	2,372	9.5% <u>+</u> 1.7%	3,107	
30 - 34	6.5% <u>+</u> 2.0%	1,263	10.0% <u>+</u> 2.3%	1,947	
35 - 39	8.3% <u>+</u> 3.5%	666	10.9% <u>+</u> 3.7%	872	
40 +	20.3% <u>+</u> 12.9%	297	17.7% <u>+</u> 11.0%	259	
Education Level					<.0001
Less than High School	14.5% <u>+</u> 2.4%	1,762	32.6% ± 3.1%	3,955	
Completed High School	7.2% <u>+</u> 1.5%	2,087	12.8% <u>+</u> 2.0%	3,704	
Some College	7.1% <u>+</u> 2.0%	1,932	5.6% <u>+</u> 1.8%	1,508	
College Graduate	4.8% <u>+</u> 1.6%	1,248	5.3% <u>+</u> 1.8%	1,385	
Race					<.01
White	7.4% <u>+</u> 0.9%	6,731	10.8% <u>+</u> 1.0%	9,812	
Other than White	9.9% <u>+</u> 4.4%	453	22.0% <u>+</u> 6.6%	1,007	
Hispanic Ethnicity					<.0001
Hispanic	15.1% <u>+</u> 2.9%	2,082	36.7% ± 0.9%	5,076	
Non-Hispanic	6.3% <u>+</u> 0.9%	5,137	7.0% <u>+</u> 3.9%	5,771	
Marital Status					<.0001
Married	6.8% <u>+</u> 1.0%	5,512		7,152	
Unmarried	11.3% + 2.3%	1,720	24.8% + 3.3%	3,757	

The CDC, ACOG, and the AAP recently revised the recommendations for preventing Group B Strep disease among newborn infants. These guidelines include routine screening of pregnant women during weeks 35-37 of gestation. Nearly 8% of PRAMS respondents reported that they were not tested for Group B Strep at any time during their pregnancy. Excluding women who delivered prematurely, 6.5% reported they were not tested for Group B Step during pregnancy and 10.4% were unsure.

^{1.} Department of Health and Human Services, Centers for Disease Control and Prevention. Perinatal Group B Streptococcal Disease After Universal Screening Recommendations—United States, 2003-2005. Weekly MMWR July 20, 2007/56(28);701-705.

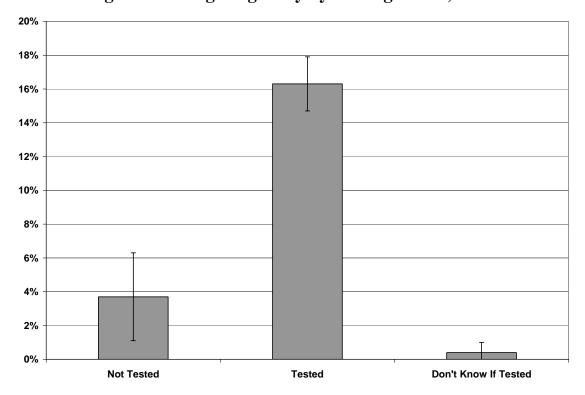
Group B Strep Diagnosis by Testing Status



Nearly 4% of women reported they were not tested for Group B Strep, yet reported being diagnosed with Group B Strep during pregnancy. This may be a reflection of women who had a positive Group B screening during a previous pregnancy and were automatically considered lifetime carriers.

During 2006, there were 17 known infant cases of early-onset Group B Strep in Utah that were most likely to have been caused by maternal transmission. Another 14 infant cases were late-onset that may or may not have been caused by maternal transmission. ¹

Percentage of Women Who Reported Group B Strep Infection Diagnosis During Pregnancy by Testing Status, 2004-2005



^{1.} Utah Department of Health, Bureau of Epidemiology, Disease Investigation and Management Program

HIV Test During Pregnancy



Percentage of Women Who Were Not Tested for HIV During Pregnancy

No Test Don't Know if Tested

	110 I CSt		Don t Know i	1 1 este a	
	Percent		Percent		
	(95% Confidence	Population	(95% Confidence	Population	
Characteristics	Interval)	Estimate	Interval)	Estimate	P-Value
Total Birth Population	48.7% <u>+</u> 1.8%	48,196	11.8% <u>+</u> 1.1%	11,718	
Maternal Age					<.000′
<u><</u> 17	28.7% <u>+</u> 8.6%	506	10.7% <u>+</u> 6.0%	188	
18 - 19	35.3% <u>+</u> 7.1%	1,446	14.2% <u>+</u> 5.2%	582	
20 - 24	45.5% <u>+</u> 3.2%	13,801	13.4% <u>+</u> 2.2%	4,076	
25 - 29	52.9% <u>+</u> 3.2%	17,637	10.0% <u>+</u> 1.9%	3,328	
30 - 34	50.3% <u>+</u> 4.4%	9,925	11.2% <u>+</u> 2.8%	2,210	
35 - 39	51.0% <u>+</u> 6.8%	4,170	13.2% <u>+</u> 4.6%	1,082	
40 +	48.2% <u>+</u> 15.6%	711	17.0% <u>+</u> 10.7%	251	
Education Level					<.000′
Less than High School	32.3% <u>+</u> 3.1%	4,120	12.5% <u>+</u> 2.2%	1,603	
Completed High School	42.8% <u>+</u> 2.9%	12,845	12.6% <u>+</u> 1.9%	3,773	
Some College	55.4% <u>+</u> 4.0%	15,246	10.9% <u>+</u> 2.5%	15,246	
College Graduate	56.9% ± 4.1%	15,101	11.6% <u>+</u> 2.6%	15,101	
Race					NS
White	49.2% ± 1.9%	46,095	11.8% <u>+</u> 1.2%	11,052	
Other than White	39.4% <u>+</u> 8.2%	1,832	13.4% <u>+</u> 5.5%	621	
Hispanic Ethnicity					<.000′
Hispanic	32.1% <u>+</u> 3.8%	4,649	13.1% <u>+</u> 2.8%	1,891	
Non-Hispanic	41.6% <u>+</u> 2.0%	43,350	11.7% <u>+</u> 1.3%	9,800	
Marital Status					<.000′
Married	52.8% ± 2.1%	43,842	11.7% <u>+</u> 1.3%	9,668	
Unmarried	27.3% <u>+</u> 3.4%	4,355	12.9% <u>+</u> 2.6%	2,450	
Birthweight					NS
<2500 grams	44.8% <u>+</u> 2.9%	2,580	12.2% <u>+</u> 2.0%	703	
2500+ grams	49.0% ± 1.9%	45,583	11.8% <u>+</u> 1.2%	11,006	
NS = Not statistically significant					

Over the years, research has guided the evolution of recommendations issued regarding HIV testing. As part of the 2003 Advancing HIV Prevention: New Strategies for a Changing Epidemic initiative, the CDC recommended that HIV screening be a part of routine prenatal care with the inclusion of rapid HIV testing during labor and delivery for women who have not been tested previously.

Further, in 2006, the CDC revised the HIV testing guidelines to include a universal opt-out screening approach. This means that a woman should be informed that an HIV test will be performed as part of the routine panel of prenatal tests unless she declines.¹

Nearly 49% of PRAMS respondents reported that they were not tested for HIV during pregnancy and 11.8% were unsure as to whether they were tested.

^{1.} Department of Health and Human Services, Centers for Disease Control and Prevention. Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health-Care Settings. MMWR September 22, 2006 / 55(RR14):1-17

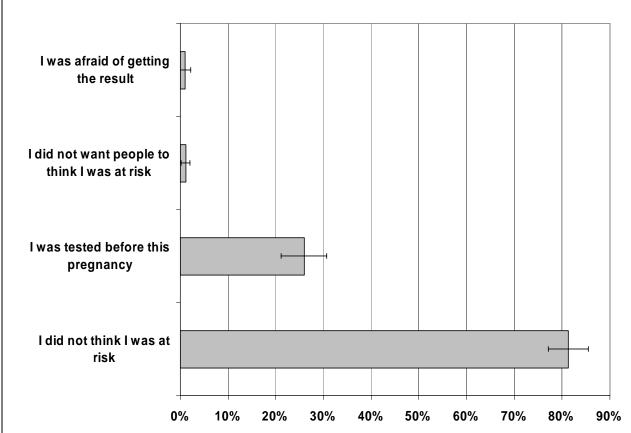
Reasons Not Tested for HIV



Women who were not tested for HIV during pregnancy were more likely to be older, more educated, non-Hispanic, and married.

Among women who were offered an HIV test but declined it, more than 80% reported that they declined the test because they didn't consider themselves at risk of contracting HIV. Approximately 25% of the women who declined the test reported that they had been tested in a previous pregnancy.

Among Women Who Were Not Tested for HIV, Reasons for Not Being Tested, 2004-2005







	Percent		
	(95% Confidence	Population	
Characteristics	Interval)	Estimate	P-Value
Total Birth Population	33.9% + 1.7%	33,737	1 Value
Maternal Age	00.070 1 1.170	00,101	<.001
< 17	35.9% + 8.8%	652	4,001
18 - 19	42.1% + 7.2%	1,733	
20 - 24	37.8% + 3.1%	11,518	
25 - 29	32.1% <u>+</u> 3.0%	10,780	
30 - 34	31.4% + 4.1%	6,247	
35 - 39	29.3% + 6.2%	2,446	
40 +	24.8% <u>+</u> 13.9%	361	
Education Level	-		<.0001
Less than High School	32.0% <u>+</u> 3.0%	4,137	
Completed High School	39.3% + 2.8%	11,818	
Some College	34.2% <u>+</u> 3.8%	9,455	
College Graduate	28.8% <u>+</u> 3.7%	7,698	
Race			NS
White	34.2% <u>+</u> 1.8%	32,200	
Other than White	27.7% <u>+</u> 7.4%	1,319	
Hispanic Ethnicity			<.001
Hispanic	27.7% <u>+</u> 3.5%	4,071	
Non-Hispanic	34.9% ± 2.0%	29,496	
Marital Status			<.001
Married	32.8% <u>+</u> 1.9%	27,437	
Unmarried	39.2% <u>+</u> 3.8%	6,300	
Birthweight			NS
<2500 grams	35.9% <u>+</u> 2.9%	2,064	
2500+ grams	33.7% <u>+</u> 1.8%	31,635	
NS = Not statistically significant			

Nationally, rates of sexually transmitted diseases are increasing. For example, chlamydia cases rose 5.1% among all Americans from 2004 to 2005 and 3.3% among women. Utah's rates are climbing at an even faster pace. Among all Utah residents, rates of chlamydia increased by 16.4%, and specifically looking at Utah women, chlamydia rates rose 13.2% during that same time period. Since 2000, Utah has experienced the largest increase in gonorrhea cases in the U.S. (297%).

Sexually transmitted and other maternal infections during pregnancy can pose increased complications for the mother and infant, including stillbirth, preterm delivery, and infant blindness.

^{1.} Department of Health and Human Services, Centers for Disease Control and Prevention. Trends in Reportable Sexually Transmitted Diseases in the United States, 2005. National Surveillance Data for Chlamydia, Gonorrhea, and Syphilis

^{2.} Department of Health and Human Services, Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance, 2005. Special Focus Profile: Women and Infants 3. Utah Department of Health, Bureau of Communicable Disease Control, Sexually Transmitted Disease Control Program

Infection by Type



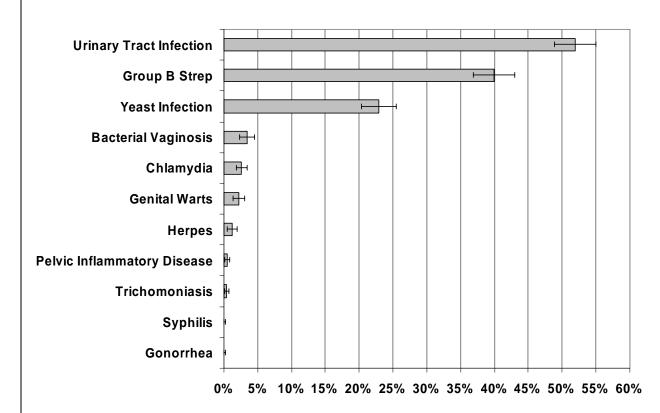
Women who reported having been diagnosed with an infection during pregnancy were more likely to be younger, non-Hispanic, unmarried, and to have completed high school.

Considering all infections reported, urinary tract infections were the most commonly reported by PRAMS respondents, followed by Group B Strep. Chlamydia and genital warts were the two sexually transmitted infections most commonly reported.

"I have genital herpes but [have been] treated from the start."

--A PRAMS Mom

Percentage of Women Who Reported Sexually Transmitted, Urinary Tract, or Vaginal Infections During Pregnancy, by Type, 2004-2005



WIC Participation



Percentage of Women Who Were Enrolled in WIC During Pregnancy

	Percent		
	(95% Confidence	Population	
Characteristics	Interval)	Estimate	P-Value
Total Birth Population	31.7% + 1.5%	31,520	
Maternal Age		,	<.0001
<u>≤</u> 17	72.2% <u>+</u> 5.4%	1,300	
	75.2% ± 6.5%	3,093	
20 - 24	39.2% <u>+</u> 3.0%	11,949	
25 - 29	27.0% <u>+</u> 2.7%	9,036	
30 - 34	22.2% <u>+</u> 3.4%	4,390	
35 - 39	18.3% <u>+</u> 4.6%	1,522	
40 +	15.5% <u>+</u> 9.3%	230	
Education Level			<.0001
Less than High School	72.9% ± 2.9%	9,444	
Completed High School	38.8% <u>+</u> 2.8%	11,615	
Some College	23.9% <u>+</u> 3.4%	6,614	
College Graduate	11.8% <u>+</u> 2.6%	3,139	
Race			<.001
White	31.0% <u>+</u> 1.6%	29,163	
Other than White	47.1% <u>+</u> 8.2%	2,187	
Hispanic Ethnicity			<.0001
Hispanic	67.5% <u>+</u> 3.9%	9,898	
Non-Hispanic	25.6% <u>+</u> 1.7%	21,560	
Marital Status			<.0001
Married	25.0% <u>+</u> 1.7%	20,861	
Unmarried	66.4% <u>+</u> 3.8%	10,659	
Birthweight			<.0001
<2500 grams	38.0% <u>+</u> 2.7%	2,198	
2500+ grams	31.3% <u>+</u> 1.6%	29,289	

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is committed to providing quality nutrition and breastfeeding education to Utah families.

Women enrolled in WIC were more likely to be younger, less educated, other than White race, Hispanic, and unmarried. WIC recipients were also more likely to deliver a low birthweight infant.

"I have really appreciated the help I have received from WIC. They have such good information!"

--A PRAMS Mom

WIC Participation

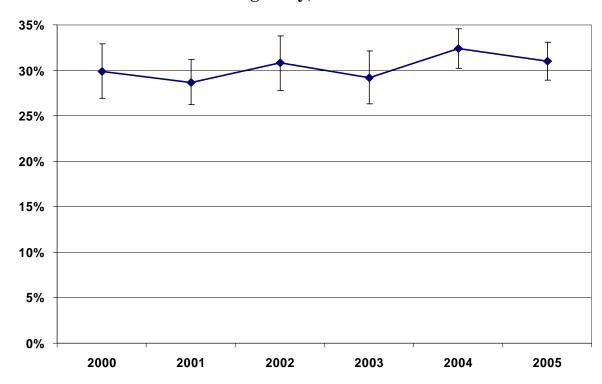


Since the year 2000, WIC enrollment among the PRAMS population has remained around 30%. Approximately 19.1% (~18,400) of additional PRAMS respondents appeared to be eligible for WIC services, but were not enrolled during pregnancy.

"Just last week I started receiving WIC. I had no idea we even had a program like that until a neighbor told me about it. It has helped me a great deal and I think it is a wonderful program!"

--A PRAMS Mom

Percentage of Women Who Were on WIC During Pregnancy, 2000-2005



Prenatal Care Payer



Percentage of Prenatal Care Payer Types

Private Insurance

Medicaid*

Self Pay or Other

	Percent		Percent		Percent		
	(95% Confidence	Population	(95% Confidence	Population	(95% Confidence	Population	
Characteristics	Interval)	Estimate	Interval)	Estimate	Interval)	Estimate	P-Value
Total Birth Population	61.0% <u>+</u> 1.7%	61,879	27.4% <u>+</u> 1.5%	26,992	11.5% <u>+</u> 1.0%	11,317	
Maternal Age							<.0001
<u><</u> 17	18.0% <u>+</u> 7.1%	884	60.0% <u>+</u> 9.1%	1,080	22.0% <u>+</u> 7.7%	397	
18 - 19	14.4% <u>+</u> 5.6%	1,343	69.1% ± 6.9%	2,732	16.5% <u>+</u> 5.2%	652	
20 - 24	49.0% <u>+</u> 3.2%	14,701	39.2% <u>+</u> 3.1%	11,756	11.7% <u>+</u> 1.8%	3,515	
25 - 29	68.5% <u>+</u> 2.9%	22,733	21.4% <u>+</u> 2.6%	7,113	10.0% <u>+</u> 1.8%	3,325	
30 - 34	72.9% <u>+</u> 3.7%	14,352	15.4% <u>+</u> 3.1%	3,031	11.7% <u>+</u> 2.5%	2,294	
35 - 39	76.8% ± 5.3%	6,385	13.5% <u>+</u> 4.4%	1,126	9.7% <u>+</u> 3.4%	808	
40 +	67.2% <u>+</u> 13.8%	984	10.6% <u>+</u> 7.1%	155	22.2% + 12.6%	326	
Education Level							<.0001
Less than High School	18.2% <u>+</u> 2.5%	2,313	46.9% ± 3.3%	5,978	34.9% ± 3.1%	4,446	
Completed High School	52.0% <u>+</u> 2.9%	15,388	36.4% <u>+</u> 2.8%	10,787	11.6% <u>+</u> 1.9%	3,443	
Some College	70.4% <u>+</u> 3.7%	19,165	23.2% <u>+</u> 3.4%	6,306	6.4% <u>+</u> 2.0%	1,745	
College Graduate	82.7% <u>+</u> 3.1%	22,062	12.6% <u>+</u> 2.7%	3,360	4.7% <u>+</u> 1.7%	1,264	
Race							<.05
White	61.6% <u>+</u> 1.7%	57,397	27.0% <u>+</u> 1.6%	25,138	11.4% <u>+</u> 1.0%	10,591	
Other than White	49.6% <u>+</u> 8.3%	2,305	36.1% ± 7.8%	1,677	14.3% ± 5.5%	663	
Hispanic Ethnicity							<.0001
Hispanic	26.4% <u>+</u> 3.9%	3,741	29.9% + 3.7%	4,223	43.7% ± 4.0%	6,181	
Non-Hispanic	66.9% <u>+</u> 1.8%	56,009	27.0% <u>+</u> 1.7%	22,652	6.1% <u>+</u> 1.0%	5,102	
Marital Status							<.0001
Married	69.7% <u>+</u> 1.8%	57,692	20.8% <u>+</u> 1.6%	17,170	9.5% <u>+</u> 1.0%	7,854	
Unmarried	15.1% <u>+</u> 3.0%	2,355	62.8% ± 3.8%	9,822	22.1% + 3.0%	3,463	
Birthweight					<u>-</u>		<.0001
<2500 grams	54.9% <u>+</u> 2.8%	3,117	34.6% ± 2.8%	1,966	10.5% <u>+</u> 1.7%	599	
2500+ grams	61.4% ± 1.7%	56,895	27.0% ± 1.6%	25,005	11.5% ± 1.1%	10,683	

^{*}For this report, if a woman reported having both Medicaid and private insurance, she is included only in the Medicaid category.

Prenatal Care Payer



The majority of women reported having private insurance/HMO coverage for prenatal care services; however, the percentage of women in this category has declined since 2001 while the percentage of women covered by Medicaid for their prenatal care services has increased.

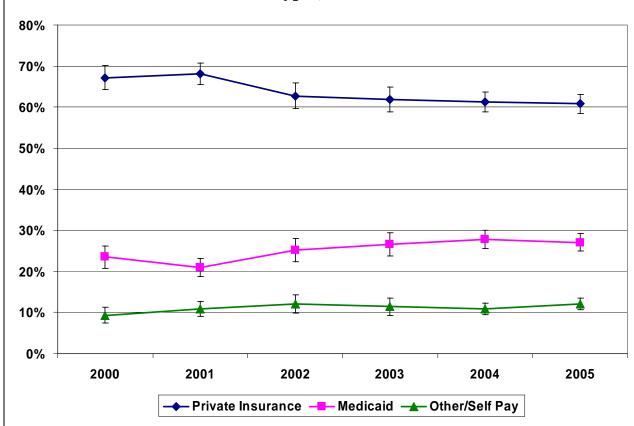
"When my insurance found out I was pregnant they cancelled our coverage."

"We ended up having to pay a lot of money and will have to in the future because our health insurance does not cover maternity."

"Not having insurance is a real stressor during pregnancy."

--PRAMS Moms

Percentage of Prenatal Care Payer Types, 2000-2005



Trimester Medicaid Coverage Began



Among Women Who Applied for Medicaid, Trimester Coverage Began

Percent (95% Confidence Interval)	ester	Second Tri	mester	Third Tri	mester	No Cover	rage	
Characteristics Interval) Total Birth Population 43.0% ± 3.1% Maternal Age ≤ 17 39.0% ± 12.3% ≤ 17 49.3% ± 8.8% 20 - 24 45.5% ± 4.9% 25 - 29 45.1% ± 6.4% 30 - 34 31.5% ± 9.1% 35 - 39 26.1% ± 14.4% 40 + ~ Education Level 35.8% ± 4.3% Less than High School 46.6% ± 4.8% Completed High School 46.6% ± 4.8% Some College 49.7% ± 8.3% College Graduate 36.3% ± 10.4% Race White 41.8% ± 13.2% Hispanic Ethnicity 41.8% ± 13.2% Hispanic Ethnicity 48.9% ± 3.8% Marital Status 41.5% ± 4.0% Married 41.5% ± 4.0% Unmarried 46.1% ± 5.0%		Percent		Percent		Percent		
Total Birth Population 43.0% ± 3.1% Maternal Age ≤ 17 39.0% ± 12.3% ≤ 17 49.3% ± 8.8% 20 - 24 45.5% ± 4.9% 25 - 29 45.1% ± 6.4% 30 - 34 31.5% ± 9.1% 35 - 39 26.1% ± 14.4% 40 + ~ Education Level 35.8% ± 4.3% Less than High School 46.6% ± 4.8% Completed High School 46.6% ± 4.8% Some College 49.7% ± 8.3% College Graduate 36.3% ± 10.4% Race White 41.8% ± 13.2% Hispanic Ethnicity 41.8% ± 13.2% Hispanic Ethnicity 48.9% ± 3.8% Marital Status 41.5% ± 4.0% Married 41.5% ± 4.0% Unmarried 46.1% ± 5.0%	Population	(95% Confidence	Population	(95% Confidence	Population	(95% Confidence	Population	
Maternal Age ≤ 17 39.0% ± 12.3% 18 - 19 49.3% ± 8.8% 20 - 24 45.5% ± 4.9% 25 - 29 45.1% ± 6.4% 30 - 34 31.5% ± 9.1% 35 - 39 26.1% ± 14.4% 40 + ~ Education Level Less than High School 35.8% ± 4.3% Completed High School 46.6% ± 4.8% Some College 49.7% ± 8.3% College Graduate 36.3% ± 10.4% Race White 43.2% ± 3.3% Other than White 41.8% ± 13.2% Hispanic Ethnicity 41.8% ± 13.2% Marital Status 48.9% ± 3.8% Married 41.5% ± 4.0% Unmarried 46.1% ± 5.0%	Estimate	Interval)	Estimate	Interval)	Estimate	Interval)	Estimate	P-Value
≤ 17 39.0% ± 12.3% 18 - 19 49.3% ± 8.8% 20 - 24 45.5% ± 4.9% 25 - 29 45.1% ± 6.4% 30 - 34 31.5% ± 9.1% 35 - 39 26.1% ± 14.4% 40 + ~ Education Level Less than High School 35.8% ± 4.3% Completed High School 46.6% ± 4.8% Some College 49.7% ± 8.3% College Graduate 36.3% ± 10.4% Race White 43.2% ± 3.3% Other than White 41.8% ± 13.2% Hispanic Ethnicity Hispanic Ethnicity Non-Hispanic 48.9% ± 3.8% Marital Status 41.5% ± 4.0% Unmarried 46.1% ± 5.0%	12,487	19.4% <u>+</u> 2.6%	5,643	17.6% <u>+</u> 2.4%	5,117	20.0% <u>+</u> 2.4%	35,400	
18 - 19								<.05
20 - 24	390	13.1% <u>+</u> 8.1%	131	17.4% <u>+</u> 9.3%	174	30.5% <u>+</u> 11.4%	1,384	
25 - 29	1,453	23.9% ± 7.7%	704	12.4% <u>+</u> 6.0%	364	14.4% <u>+</u> 5.8%	3,414	
30 - 34 35 - 39 40 + 26.1% ± 14.4% 40 + ~ Education Level Less than High School Completed High School Some College College Graduate White White Other than White Hispanic Ethnicity Hispanic Non-Hispanic Married Unmarried 31.5% ± 9.1% 426.1% ± 4.3% 46.6% ± 4.3% 46.6% ± 4.8% 46.6% ± 4.8% 46.6% ± 4.8% 46.6% ± 4.3% 46.6% ± 4.3% 46.1% ± 5.0% 46.1% ± 5.0% 46.1% ± 5.0%	5,620	20.7% <u>+</u> 4.1%	2,560	16.9% <u>+</u> 3.6%	2,091	16.9% <u>+</u> 3.4%	2,088	
35 - 39	3,506	17.2% <u>+</u> 5.0%	1,336	18.7% <u>+</u> 4.9%	1,453	19.1% <u>+</u> 4.6%	1,486	
## Add ##	1,105	19.5% <u>+</u> 8.1%	685	21.2% <u>+</u> 7.6%	746	27.8% <u>+</u> 8.3%	975	
Education Level 35.8% ± 4.3% Less than High School 46.6% ± 4.8% Completed High School 46.6% ± 4.8% Some College 49.7% ± 8.3% College Graduate 36.3% ± 10.4% Race White 43.2% ± 3.3% Other than White 41.8% ± 13.2% Hispanic Ethnicity 44.1% ± 5.0% Non-Hispanic 48.9% ± 3.8% Marital Status 41.5% ± 4.0% Unmarried 46.1% ± 5.0%	329	16.0% <u>+</u> 11.5%	202	21.6% ± 12.9%	273	36.4% <u>+</u> 14.4%	460	
Less than High School 35.8% ± 4.3% Completed High School 46.6% ± 4.8% Some College 49.7% ± 8.3% College Graduate 36.3% ± 10.4% Race White 41.8% ± 13.2% White Other than White 41.8% ± 13.2% Hispanic Ethnicity 48.9% ± 3.8% Marital Status 41.5% ± 4.0% Unmarried 46.1% ± 5.0%		~		~		~		
Completed High School 46.6% ± 4.8% Some College 49.7% ± 8.3% College Graduate 36.3% ± 10.4% Race White 43.2% ± 3.3% Other than White 41.8% ± 13.2% Hispanic Ethnicity 24.1% ± 5.0% Non-Hispanic 48.9% ± 3.8% Marital Status 41.5% ± 4.0% Unmarried 46.1% ± 5.0%								<.0001
Some College 49.7% ± 8.3% College Graduate 36.3% ± 10.4% Race White 43.2% ± 3.3% Other than White 41.8% ± 13.2% Hispanic Ethnicity 24.1% ± 5.0% Non-Hispanic 48.9% ± 3.8% Marital Status 41.5% ± 4.0% Unmarried 46.1% ± 5.0%	2,481	12.3% <u>+</u> 2.9%	851	22.5% ± 3.8%	1,559	29.5% <u>+</u> 4.1%	2,047	
College Graduate 36.3% ± 10.4% Race White 43.2% ± 3.3% Other than White 41.8% ± 13.2% Hispanic Ethnicity 24.1% ± 5.0% Non-Hispanic 48.9% ± 3.8% Marital Status 41.5% ± 4.0% Unmarried 46.1% ± 5.0%	5,231	19.1% <u>+</u> 3.8%	2,145	15.5% <u>+</u> 3.5%	1,741	18.7% <u>+</u> 3.7%	2,101	
Race 43.2% ± 3.3% Other than White 41.8% ± 13.2% Hispanic Ethnicity 24.1% ± 5.0% Non-Hispanic 48.9% ± 3.8% Marital Status 41.5% ± 4.0% Unmarried 46.1% ± 5.0%	3,177	26.1% ± 7.3%	1,669	15.4% <u>+</u> 6.0%	988	8.8% <u>+</u> 4.5%	561	
White 43.2% ± 3.3% Other than White 41.8% ± 13.2% Hispanic Ethnicity 24.1% ± 5.0% Non-Hispanic 48.9% ± 3.8% Marital Status 41.5% ± 4.0% Unmarried 46.1% ± 5.0%	1,390	22.0% <u>+</u> 9.0%	841	18.7% <u>+</u> 8.5%	714	23.0% <u>+</u> 9.1%	879	
Other than White 41.8% ± 13.2% Hispanic Ethnicity 24.1% ± 5.0% Non-Hispanic 48.9% ± 3.8% Marital Status 41.5% ± 4.0% Unmarried 46.1% ± 5.0%								NS
Hispanic Ethnicity Hispanic 24.1% ± 5.0% Non-Hispanic 48.9% ± 3.8% Marital Status 41.5% ± 4.0% Unmarried 46.1% ± 5.0%	11,745	19.5% ± 2.7%	5,314	17.6% <u>+</u> 2.5%	4,784	19.7% <u>+</u> 2.4%	5,360	
Hispanic 24.1% ± 5.0% Non-Hispanic 48.9% ± 3.8% Marital Status Married 41.5% ± 4.0% Unmarried 46.1% ± 5.0%	697	15.6% <u>+</u> 9.1%	260	18.1% <u>+</u> 9.6%	302	24.6% <u>+</u> 11.4%	410	
Non-Hispanic 48.9% ± 3.8% Marital Status 41.5% ± 4.0% Married 46.1% ± 5.0%								<.0001
Marital Status 41.5% ± 4.0% Married 46.1% ± 5.0%	1,641	8.5% <u>+</u> 3.5%	576	26.7% ± 4.8%	1,815	40.7% <u>+</u> 5.4%	2,772	
Married 41.5% ± 4.0% Unmarried 46.1% ± 5.0%	10,805	22.7% ± 3.2%	5,031	14.8% <u>+</u> 2.8%	3,284	13.6% <u>+</u> 2.5%	2,998	
Unmarried 46.1% ± 5.0%								<.05
	8,103	20.1% ± 3.3%	3,934	16.4% <u>+</u> 3.0%	3,213	21.9% ± 3.1%	4,285	
Birthweight	4,384	18.0% <u>+</u> 3.9%	1,708	20.0% ± 4.0%	1,904	15.9% <u>+</u> 3.4%	1,514	
								NS
<2500 grams 41.7% <u>+</u> 5.0%	849	22.1% ± 4.3%	450	12.9% <u>+</u> 3.5%	263	23.2% <u>+</u> 4.4%	472	
2500+ grams 43.1% ± 3.4%	11,626	19.2% <u>+</u> 2.8%	5,193	18.0% ± 2.6%	4,847	19.7% <u>+</u> 2.6%	5,314	
~ Fewer than 30 respondents, not reported								

Trimester Medicaid Received

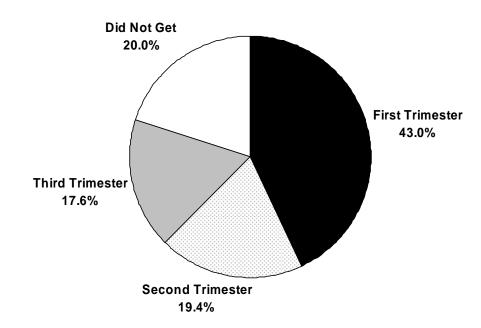


Fewer than half (43%) of women who applied for Medicaid during pregnancy received coverage during the first trimester. The remaining 57% were divided almost equally among the other three categories.

Women who applied for but did not receive prenatal Medicaid were more likely to be 35-39 years old, Hispanic, married, and have less than a high school education.

Twenty-eight percent of women who applied for Medicaid during pregnancy encountered problems being accepted.

Trimester Medicaid Coverage Was Received, 2004-2005



Care for Dental Problems



Percentage of Women Who Reported Dental Problems During Pregnancy and Did Not Go to the Dentist

	Percent		
	(95% Confidence	Population	
Characteristics	Interval)	Estimate	P-Value
Total Birth Population	35.9% <u>+</u> 3.2%	9,848	
Maternal Age			<.05
<u><</u> 17	62.2% <u>+</u> 14.2%	417	
18 - 19	40.9% <u>+</u> 12.3%	555	
20 - 24	37.0% <u>+</u> 5.3%	3,338	
25 - 29	31.6% <u>+</u> 5.4%	2,936	
30 - 34	38.1% <u>+</u> 8.5%	1,777	
35 - 39	33.1% <u>+</u> 12.0%	710	
40 +	~		
Education Level			<.0001
Less than High School	49.2% ± 5.4%	2,275	
Completed High School	39.0% <u>+</u> 4.9%	3,887	
Some College	30.0% <u>+</u> 7.1%	2,211	
College Graduate	26.1% <u>+</u> 8.6%	1,240	
Race			NS
White	35.5% <u>+</u> 3.3%	9,199	
Other than White	40.8% <u>+</u> 13.7%	567	
Hispanic Ethnicity			<.0001
Hispanic	52.9% <u>+</u> 8.1%	1,897	
Non-Hispanic	33.3% <u>+</u> 3.4%	7,900	
Marital Status			<.05
Married	34.2% <u>+</u> 3.7%	7,323	
Unmarried	41.8% <u>+</u> 6.2%	2,526	
Birthweight			NS
<2500 grams	40.2% <u>+</u> 5.4%	692	
2500+ grams	35.6% <u>+</u> 3.4%	9,150	
NS = Not statistically signficant			

Nearly 36% of respondents who reported having a dental problem during pregnancy did not go to the dentist. These women were more likely to be younger, less educated, Hispanic, and unmarried.

Pregnant women who have untreated dental problems are at risk due to the association between poor oral health and adverse pregnancy outcomes, including preterm birth.

"I had an abscessed tooth three weeks before my baby was born. She was born 8 weeks early. I have heard that teeth problems and early deliveries can be related."

--A PRAMS Mom

Survey Questions 84a & b & 25 Care for Dental Problems by Health Insurance Status

Among women who reported dental problems during pregnancy and did not go to the dentist, 30% were on prenatal Medicaid which provides coverage for limited dental services.

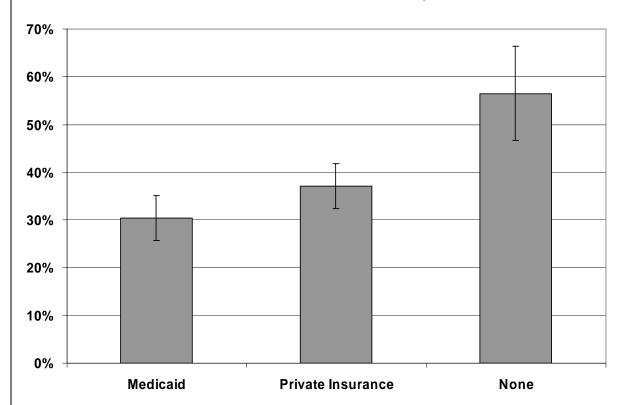
One of the barriers Medicaid enrollees face in benefiting from covered dental services is finding a dentist who accepts Medicaid.

The majority of women who had a dental problem during pregnancy but did not see a dentist did not have insurance coverage at all. While there are several safety nets available to assist the uninsured with health care expenses, limited resources exist for dental services.

"Dental health is so excruciatingly costly that it's almost impossible to pay for it if you don't have help."

--A PRAMS Mom

Percentage of Women Who Reported Dental Problems During Pregnancy and Did Not Go to the Dentist by Prenatal Health Insurance Status, 2004-2005



Delivery Payer



Percentage of Delivery Payer Types

Private Insurance

Medicaid

Self Pay or Other

	_						
!	Percent		Percent		Percent		
!	(95% Confidence	Population	(95% Confidence	Population	(95% Confidence	Population	
Characteristics	Interval)	Estimate	Interval)	Estimate	Interval)	Estimate	P-Value
Total Birth Population	59.9% <u>+</u> 1.6%	59,874	35.4% <u>+</u> 0.8%	35,400	4.7% <u>+</u> 0.8%	4,706	
Maternal Age							<.0001
<u><</u> 17	18.2% <u>+</u> 7.2%	328	76.9% <u>+</u> 7.8%	1,384	4.8% <u>+</u> 3.6%	87	
18 - 19	10.5% <u>+</u> 4.8%	433	82.8% <u>+</u> 5.8%	3,414	6.7% <u>+</u> 3.8%	276	
20 - 24	47.4% <u>+</u> 3.2%	14,506	48.0% <u>+</u> 3.2%	14,701	4.6% <u>+</u> 1.3%	1,420	
25 - 29	68.3% <u>+</u> 2.9%	22,951	27.3% <u>+</u> 2.7%	9,184	4.4% <u>+</u> 1.3%	1,482	
30 - 34	72.1% <u>+</u> 3.7%	14,420	23.2% <u>+</u> 3.4%	4,634	4.7% <u>+</u> 1.9%	936	
35 - 39	74.8% <u>+</u> 5.5%	6,247	21.2% <u>+</u> 5.0%	1,771	3.9% <u>+</u> 2.6%	329	
40 +	67.0% <u>+</u> 13.7%	991	21.0% <u>+</u> 10.8%	311	11.9% <u>+</u> 10.1%	176	
Education Level							<.0001
Less than High School	16.5% <u>+</u> 2.4%	2,158	77.7% <u>+</u> 2.7%	10,186	5.8% <u>+</u> 1.5%	760	
Completed High School	50.5% <u>+</u> 2.9%	15,250	44.1% <u>+</u> 2.9%	13,294	5.4% <u>+</u> 1.3%	1,630	
Some College	69.3% <u>+</u> 3.7%	19,214	26.3% <u>+</u> 3.5%	7,307	4.4% <u>+</u> 1.7%	1,213	
College Graduate	82.3% <u>+</u> 3.1%	22,085	13.8% <u>+</u> 2.8%	3,714	3.8% <u>+</u> 1.6%	1,030	
Race							<.05
White	60.5% <u>+</u> 1.7%	57,249	34.8% <u>+</u> 1.6%	32,941	4.7% <u>+</u> 0.8%	4,406	
Other than White	47.8% <u>+</u> 8.7%	2,281	46.5% ± 8.0%	2,215	5.7% ± 3.8%	271	
Hispanic Ethnicity							<.0001
Hispanic	25.2% <u>+</u> 3.8%	3,725	69.7% <u>+</u> 1.7%	10,282	5.1% <u>+</u> 1.7%	751	
Non-Hispanic	65.9% <u>+</u> 1.8%	55,840	29.5% <u>+</u> 3.9%	24,965	4.7% <u>+</u> 0.9%	3,955	
Marital Status							<.0001
Married	69.1% <u>+</u> 1.8%	57,855	26.2% <u>+</u> 1.7%	21,932	4.7% ± 0.9%	3,950	
Unmarried	12.4% <u>+</u> 2.8%	2,019	82.9% <u>+</u> 3.1%	13,467	4.7% <u>+</u> 1.6%	756	
Birthweight							<.0001
<2500 grams	52.5% <u>+</u> 2.7%	3,049	44.7% <u>+</u> 2.7%	2,592	2.8% <u>+</u> 1.0%	163	
2500+ grams	60.4% ± 1.7%	56,797	34.8% ± 1.7%	32,776	4.8% $\frac{-}{\pm}$ 0.8%	4,530	

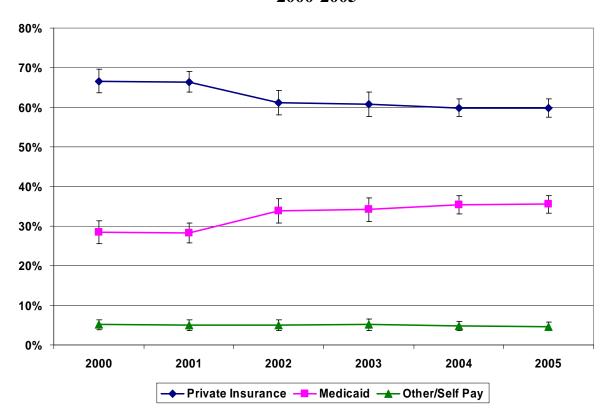
Delivery Payer



Approximately 30% of Utah births are paid for by Medicaid; that percentage has been increasing slightly in recent years.

Comparing payer types during prenatal care and at delivery can be used to approximate the number of women who were covered under Medicaid's Emergency Only coverage for non-residents without documentation. Although 30% of Hispanic women reported that their prenatal care was paid by Medicaid, 70% said that Medicaid paid for their delivery. Thus, it is estimated that 5,500 Hispanic women's deliveries were covered under the program.

Percentage of Delivery Payer Types, 2000-2005





Percentage of Women Who Never Breastfed Infant

	Percent		
	(95% Confidence	Population	
Characteristics	Interval)	Estimate	P-Value
Total Birth Population	9.1% <u>+</u> 1.0%	8,943	
Maternal Age			<.001
<u><</u> 17	21.7% ± 8.2%	363	
18 - 19	16.9% <u>+</u> 5.6%	644	
20 - 24	8.0% <u>+</u> 1.5%	2,391	
25 - 29	8.6% <u>+</u> 1.7%	2,838	
30 - 34	8.9% <u>+</u> 2.4%	1,747	
35 - 39	9.3% <u>+</u> 3.6%	765	
40 +	13.4% <u>+</u> 10.5%	196	
Education Level			<.0001
Less than High School	16.9% ± 2.5%	2,117	
Completed High School	13.8% <u>+</u> 2.0%	4,036	
Some College	6.6% <u>+</u> 2.0%	1,817	
College Graduate	3.0% <u>+</u> 1.4%	800	
Race			NS
White	8.9% <u>+</u> 1.0%	8,284	
Other than White	12.7% <u>+</u> 4.7%	580	
Hispanic Ethnicity			<.05
Hispanic	11.7% <u>+</u> 2.5%	1,693	
Non-Hispanic	8.7% <u>+</u> 1.0%	7,208	
Marital Status			<.0001
Married	7.3% <u>+</u> 1.0%	6,040	
Unmarried	18.9% <u>+</u> 3.0%	2,903	
Birthweight			<.0001
<2500 grams	14.1% <u>+</u> 2.1%	783	
2500+ grams	8.8% <u>+</u> 1.0%	8,153	
NS = Not statistically significant			

The Healthy People 2010 goal is for 75% of women to breastfeed in the early postpartum period. Utah reaches this goal with 90.9% of women initiating breastfeeding.

The World Health Organization states that "breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers." ¹

Women who were unmarried, Hispanic, of lower education levels, and at the lower and upper age ranges had significantly lower rates of initiation of breastfeeding.

^{1.} Infant and young child nutrition: Global strategy on infant and young child feeding. World Health Organization, 2002, pp. 1-18.

Breastfeeding Initiation

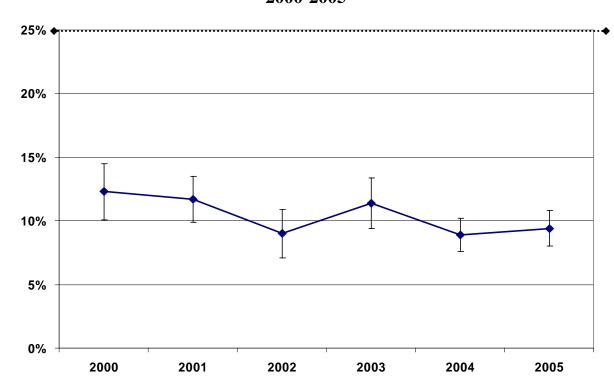


Trend data show that the proportion of women who never breastfed has decreased from 2000 to 2005, although the decline has not been steady.

"I would like to add that breastfeeding is hard - although very important. I feel like there needs to be more help with it."

--A PRAMS Mom

Percentage of Women Who Never Breastfed Infant, 2000-2005



Breastfeeding Continuation



Percentage of Women Who Had Stopped Breastfeeding at Time of Survey

	Percent		
	(95% Confidence	Population	
Characteristics	Interval)	Estimate	P-Value
Total Birth Population	32.7% <u>+</u> 1.8%	28,905	
Maternal Age			<.0001
<u><</u> 17	75.4% <u>+</u> 9.4%	963	
18 - 19	65.6% <u>+</u> 8.2%	2,071	
20 - 24	37.6% <u>+</u> 3.2%	10,340	
25 - 29	29.5% <u>+</u> 3.1%	8,867	
30 - 34	25.4% <u>+</u> 3.9%	4,515	
35 - 39	25.6% <u>+</u> 6.1%	1,907	
40 +	19.1% <u>+</u> 12.3%	243	
Education Level			<.0001
Less than High School	55.1% <u>+</u> 3.6%	5,678	
Completed High School	43.3% <u>+</u> 3.1%	10,907	
Some College	28.4% <u>+</u> 3.8%	7,196	
College Graduate	17.2% <u>+</u> 3.1%	4,412	
Race			NS
White	32.3% <u>+</u> 1.8%	27,114	
Other than White	40.1% <u>+</u> 8.8%	1,588	
Hispanic Ethnicity			<.0001
Hispanic	48.6% ± 4.3%	6,143	
Non-Hispanic	30.0% <u>+</u> 1.9%	22,622	
Marital Status			<.0001
Married	27.8% <u>+</u> 1.9%	21,152	
Unmarried	62.6% <u>+</u> 4.3%	7,753	
Birthweight			<.0001
<2500 grams	43.5% ± 3.2%	2,058	
2500+ grams	32.0% <u>+</u> 1.8%	26,848	
NS = Not statistically significant			

The Healthy People 2010 goal is for 50% of women to be breastfeeding their infants at six months of age.

Of the women who reported initiating breastfeeding, 67.3% were still breastfeeding at the time they responded to the survey – meaning 59.4% of all women were breastfeeding. However, the survey is filled out, on average, when the infant is three months old.

Among women who reported stopping breastfeeding, 40% breastfed for one month or less. The average number of weeks these women breastfed was 12.7.

Women who were younger, of lower education levels, Hispanic, unmarried, and who delivered a low birthweight infant were significantly more likely to stop breastfeeding by the time the survey was completed.

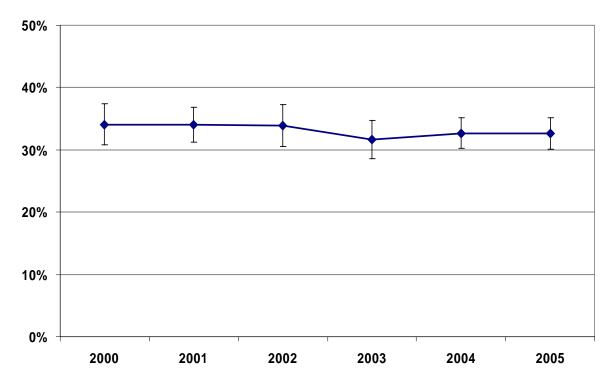
Breastfeeding Continuation



A new Healthy People 2010 indicator targets women to exclusively breastfeed through three months, setting the goal at 60%. Among the PRAMS mothers with a baby aged three months at the time of the survey, 36% had fed only breast milk to their child.

Trend data show that there has been little progress in increasing breastfeeding duration.

Percentage of Women Who Had Stopped Breastfeeding at Time of Survey, 2000-2005



Postpartum Birth Control Use



Percentage of Women Who Were Not Using Birth Control Postpartum

	Percent		
	(95% Confidence	Population	
Characteristics	Interval)	Estimate	P-Value
Total Birth Population	10.8% <u>+</u> 1.1%	10,670	
Maternal Age			NS
<u><</u> 17	11.7% <u>+</u> 5.9%	211	
18 - 19	16.5% <u>+</u> 5.5%	672	
20 - 24	9.4% <u>+</u> 1.7%	2,858	
25 - 29	10.8% <u>+</u> 1.9%	3,598	
30 - 34	10.2% <u>+</u> 2.6%	2,028	
35 - 39	12.1% <u>+</u> 4.4%	979	
40 +	21.9% <u>+</u> 13.1%	323	
Education Level			<.001
Less than High School	15.4% ± 2.4%	1,968	
Completed High School	11.5% <u>+</u> 1.8%	3,453	
Some College	9.9% <u>+</u> 2.4%	2,735	
College Graduate	8.4% <u>+</u> 2.3%	2,256	
Race			NS
White	10.6% <u>+</u> 1.1%	9,970	
Other than White	13.4% <u>+</u> 5.0%	628	
Hispanic Ethnicity			NS
Hispanic	11.0% ± 2.3%	1,605	
Non-Hispanic	10.7% <u>+</u> 1.2%	9,011	
Marital Status			<.05
Married	10.2% <u>+</u> 1.2%	8,466	
Unmarried	13.8% <u>+</u> 2.5%	2,203	
Birthweight			<.01
<2500 grams	14.6% <u>+</u> 2.1%	843	
2500+ grams	10.5% <u>+</u> 1.2%	9,797	
NS = Not statistically signficant			

There are some gaps in funding for family planning services in Utah. Unlike many other states, the state of Utah does not provide funding for family planning services. A limited amount of Utah's federal Maternal and Child Health Title V Block Grant funds are distributed to local health departments for family planning services. Planned Parenthood of Utah receives and disseminates federal Title X funds for family planning services for women at or below 100% of the federal poverty guidelines through contracted clinics. In addition, women who qualify for prenatal Medicaid lose coverage, including family planning services, 60 days after the delivery of their infants. The Utah Department of Health is in the process of applying to the Centers for Medicare/Medicaid Services to extend family planning service coverage for this group of women for a period of two years after the birth of a child. Women enrolled in Utah's Primary Care Network (PNC) are eligible for coverage of family planning services; however, the enrollment is frequently capped, limiting the number of applicants who could qualify.

Many employers do not buy coverage plans that include contraception, which creates a barrier for women getting birth control.

Reasons for Not Using Birth Control Postpartum



In Utah, approximately 11% of women reported not using postpartum birth control at the time of the PRAMS survey (2-4 months postpartum).

Among all women in the sample, 82.2% reported that their prenatal care provider asked them if they planned on using postpartum birth control. Women were significantly more likely to use birth control postpartum if their providers discussed the issue with them during prenatal care.

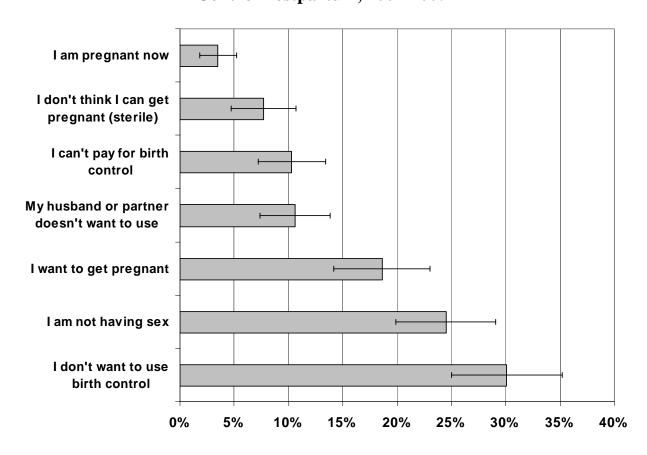
The most frequent reason women gave for not using postpartum birth control was not wanting to use birth control.

Of concern is the 18.6% of women reporting they want to become pregnant and the 3.6% of women reporting they were currently pregnant. It would appear that education about the risks of short interpregnancy spacing is important.

"Now that it's 3 months since my baby was born, I am no longer on Medicaid. I am wondering what to do about birth control and how I will pay for it."

--A PRAMS Mom

Reasons Women Were Not Using Birth Control Postpartum, 2004-2005



Postpartum Depression



Percentage of Women Who Reported Postpartum Depression Symptoms

	Percent		
	(95% Confidence	Population	
Characteristics	Interval)	Estimate	P-Value
Total Birth Population	13.7% <u>+</u> 1.2%	13,808	
Maternal Age			<.0001
<u><</u> 17	32.3% <u>+</u> 8.6%	586	
18 - 19	25.6% <u>+</u> 6.3%	1,061	
20 - 24	13.3% <u>+</u> 2.0%	4,095	
25 - 29	13.0% <u>+</u> 2.1%	4,391	
30 - 34	11.5% <u>+</u> 2.6%	2,302	
35 - 39	14.6% <u>+</u> 4.7%	1,227	
40 +	9.8% <u>+</u> 6.8%	146	
Education Level			<.0001
Less than High School	24.1% ± 2.2%	3,182	
Completed High School	17.5% <u>+</u> 2.2%	5,311	
Some College	11.1% <u>+</u> 2.5%	3,097	
College Graduate	7.4% <u>+</u> 2.1%	2,002	
Race			<.001
White	13.2% <u>+</u> 1.2%	12,528	
Other than White	24.7% <u>+</u> 6.6%	1,188	
Hispanic Ethnicity			<.05
Hispanic	16.4% <u>+</u> 2.8%	2,455	
Non-Hispanic	13.3% <u>+</u> 1.3%	11,302	
Marital Status			<.0001
Married	11.4% <u>+</u> 1.2%	9,579	
Unmarried	25.9% <u>+</u> 3.3%	4,229	
Birthweight			<.001
<2500 grams	18.9% <u>+</u> 2.3%	1,107	
2500+ grams	13.4% + 1.2%	12,671	
NS = Not statistically signficant			

Postpartum depression is the most common complication related to childbirth. Nearly 14% of respondents reported experiencing postpartum depression symptoms. Many women have mild forms of depressive symptoms shortly after pregnancy. This is often called the "baby blues." However, these symptoms tend to go away within two weeks or less. Postpartum depression is different from the baby blues, even though some people use the terms interchangeably. Women who experience postpartum depression tend to experience more severe symptoms which can last much longer.

Women who were younger, less educated, other than White race, Hispanic, unmarried, and delivered a low birthweight infant were more likely to report experiencing postpartum depression symptoms.

Survey Questions 82a, 82b & 45 Postpartum Depression by Number of Stressors



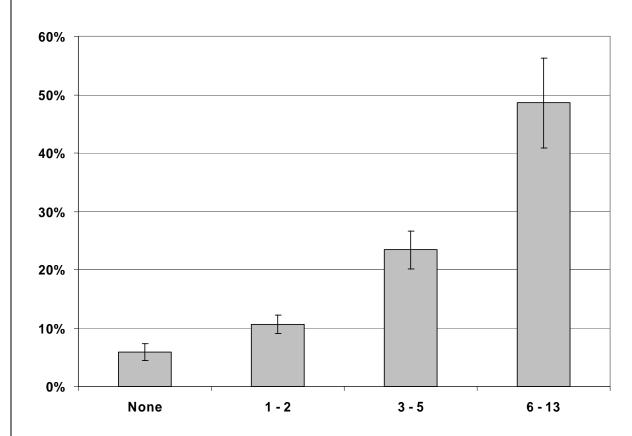
The more stressors a woman reported during pregnancy, the more likely she was to report experiencing postpartum depression symptoms.

While Healthy People 2010 originally had an objective dedicated to postpartum depression, it was dropped due to lack of a data source during a midcourse review.

"I think that the "baby blues" still isn't talked about enough. I think there should be a class that both mother and father should attend after or before the baby is born. My husband thinks that the "baby blues" is a bunch of bunk."

--A PRAMS Mom

Percentage of Women Who Reported Postpartum Depression Symptoms by Number of Stressors Reported During Pregnancy, 2004-2005



Seeking Help for Postpartum Depression



Percentage of Women Who Reported Postpartum Depression Symptoms That Did Not Seek Help

	Percent		
	(95% Confidence	Population	
Characteristics	` Interval)	Estimate	P-Value
Total Birth Population	62.8% + 4.5%	8,659	
Maternal Age		·	<.001
<u><</u> 17	85.4% <u>+</u> 11.5%	501	
18 - 19	80.1% <u>+</u> 10.6%	850	
20 - 24	63.4% <u>+</u> 7.7%	2,587	
25 - 29	56.9% <u>+</u> 8.4%	2,494	
30 - 34	60.2% <u>+</u> 12.0%	1,387	
35 - 39	59.2% <u>+</u> 17.0%	726	
40 +	~		
Education Level			<.05
Less than High School	71.5% ± 6.0%	2,262	
Completed High School	62.0% <u>+</u> 6.7%	3,294	
Some College	52.2% <u>+</u> 11.9%	1,613	
College Graduate	67.7% <u>+</u> 13.9%	1,356	
Race			<.001
White	60.4% <u>+</u> 4.8%	7,555	
Other than White	85.5% <u>+</u> 9.8%	1,017	
Hispanic Ethnicity			<.0001
Hispanic	85.2% ± 5.9%	2,092	
Non-Hispanic	57.8% <u>+</u> 5.2%	6,515	
Marital Status			NS
Married	61.7% <u>+</u> 5.6%	5,908	
Unmarried	65.3% <u>+</u> 7.3%	2,750	
Birthweight			NS
<2500 grams	60.9% <u>+</u> 6.8%	671	
2500+ grams	63.0% ± 4.9%	7,977	
~ Less than 30 respondents, not rep	ported		
NS = Not statistically significant			

While postpartum depression is treatable, many women who suffer from it remain undiagnosed. Untreated postpartum depression can last as long as one to two years and may affect the ability of a woman to function in normal daily tasks. Further, untreated postpartum depression may impact family relationships, a woman's ability to bond with her baby, and the cognitive development of her baby, as well as of other children in the home. There may be a variety of reasons a woman does not receive treatment for postpartum depression, including the inability to recognize the signs and symptoms, as well as the uncertainty of knowing whom to ask for help.

Healthy People 2010 Objective 18-9b focuses on increasing the percentage of adults with recognized depression who receive treatment to 64%. While this objective is not postpartum depression-specific, it is inclusive.

Women who are younger, less educated, other than White race, and Hispanic were less likely to seek help for their depressive symptoms.

History of Seeking Help for Depression During Pregnancy

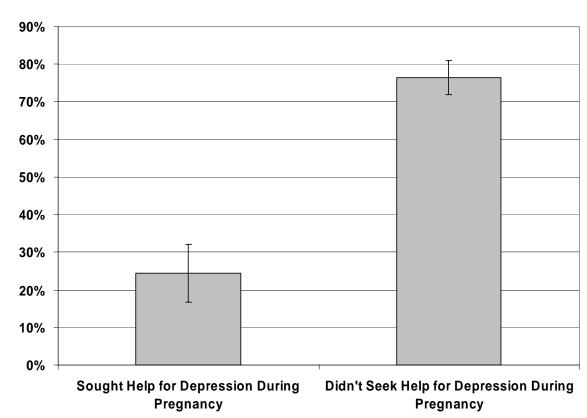
Women who have a history of seeking help for depression during pregnancy were more likely to report seeking help for depression postpartum. This association may reflect a continuation of mental health care rather than an initiation of care postpartum.

The American College of Obstetrics and Gynecology supports screening for depression at the postpartum follow-up visit.

"I've had issues with depression in the past and my doctor is fully aware of that, yet at my postnatal appointment my mental health was never discussed. I suppose it was my responsibility to bring it up but I didn't feel like I had the opportunity to do so."

--A PRAMS Mom

Percentage of Women Who Experienced Postpartum Depression Symptoms Who Did Not Seek Help by History of Seeking Help for Depression During Pregnancy, 2004-2005



Infant Early Hospital Discharge Follow-Up Visit



Percentage of Infants with Early Hospital Discharge* Who Did Not See a Health Care Provider Within One Week

	Percent (95% Confidence	Population	
Characteristics	Interval)	Estimate	P-Value
Total Birth Population	28.2% <u>+</u> 1.9%	22,122	
Maternal Age	_		NS
<u><</u> 17	27.7% <u>+</u> 10.2%	331	
18 - 19	23.5% <u>+</u> 8.1%	567	
20 - 24	27.5% <u>+</u> 3.3%	6,727	
25 - 29	27.6% <u>+</u> 3.3%	7,462	
30 - 34	30.7% ± 4.6%	4,826	
35 - 39	29.1% <u>+</u> 7.3%	1,906	
40 +	28.3% <u>+</u> 16.5%	302	
Education Level			<.05
Less than High School	23.1% ± 3.4%	2,028	
Completed High School	28.9% <u>+</u> 3.0%	6,591	
Some College	29.8% ± 4.1%	6,779	
College Graduate	27.4% <u>+</u> 4.0%	6,164	
Race			<.05
White	28.5% ± 2.0%	21,297	
Other than White	19.9% <u>+</u> 7.9%	682	
Hispanic Ethnicity			<.05
Hispanic	23.2% <u>+</u> 4.1%	2,505	
Non-Hispanic	29.0% ± 2.1%	19,555	
Marital Status			<.05
Married	28.7% ± 2.1%	19,575	
Unmarried	24.6% <u>+</u> 4.2%	2,547	
NS = Not statistically significant			
* Less than 24 hours for vaginal del	livery or less than 96 hours	for a cesarean se	ction

The AAP recommends newborns discharged from the hospital in less than 48 hours with a vaginal delivery or 96 hours for a cesarean delivery should have an appointment for examination within 48 hours of discharge.¹

Women who were White, non-Hispanic, and married were less likely to seek follow-up care for their infant within one week postpartum.

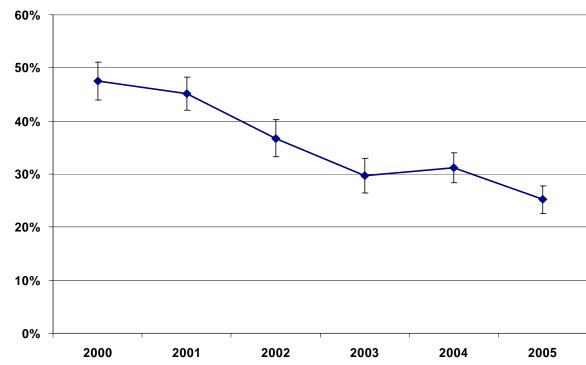
^{1.} Guidelines for Perinatal Care, Fifth Edition. (p. 215) AAP and ACOG. (2002).

Infant Early Hospital Discharge Follow Up Visit



Trend data show a decline in the number of infants with early discharge and no follow-up within one week.

Percentage of Infants With Early Hospital Discharge Who Did Not See a Health Care Provider Within One Week, 2000-2005



Infant Sleep Position



Percentage of Women Who Did Not Lay Baby on Back to Sleep

	Percent		
	(95% Confidence	Population	
Characteristics	Interval)	Estimate	P-Value
Total Birth Population	24.3% <u>+</u> 1.5%	23,676	
Maternal Age			<.05
<u>≤</u> 17	39.1% <u>+</u> 9.4%	635	
18 - 19	31.8% <u>+</u> 7.1%	1,188	
20 - 24	24.7% <u>+</u> 2.7%	7,386	
25 - 29	23.4% <u>+</u> 2.7%	7,703	
30 - 34	22.6% <u>+</u> 3.5%	4,428	
35 - 39	23.8% <u>+</u> 5.7%	1,938	
40 +	28.4% <u>+</u> 14.6%	398	
Education Level			<.0001
Less than High School	38.3% ± 3.2%	4,764	
Completed High School	27.1% <u>+</u> 2.6%	7,883	
Some College	20.0% <u>+</u> 3.2%	5,459	
College Graduate	19.0% <u>+</u> 3.2%	5,012	
Race			NS
White	24.2% <u>+</u> 1.6%	22,283	
Other than White	27.9% <u>+</u> 7.3%	1,271	
Hispanic Ethnicity			<.0001
Hispanic	36.1% <u>+</u> 3.8%	5,176	
Non-Hispanic	22.3% <u>+</u> 1.7%	18,415	
Marital Status			<.0001
Married	22.4% <u>+</u> 1.7%	18,441	
Unmarried	34.5% <u>+</u> 3.7%	5,234	
Birthweight			NS
<2500 grams	26.8% ± 2.7%	1,435	
2500+ grams	24.2% <u>+</u> 1.6%	22,241	
NS = Not statistically significant			

In June 1992, the AAP issued a policy statement that urged parents to put infants to sleep on their backs to prevent Sudden Infant Death Syndrome (SIDS). In 1994, the national Back to Sleep program officially began.

The Healthy People 2010 goal is to increase the percentage of healthy, full-term infants who are put down to sleep on their backs to 70%. Utah has reached this goal with 75.7% of women reporting they put their infants down to sleep on their backs.

Women who did not report placing their infant on their backs to sleep were significantly more likely to be younger, Hispanic, unmarried, and have less than a high school education.

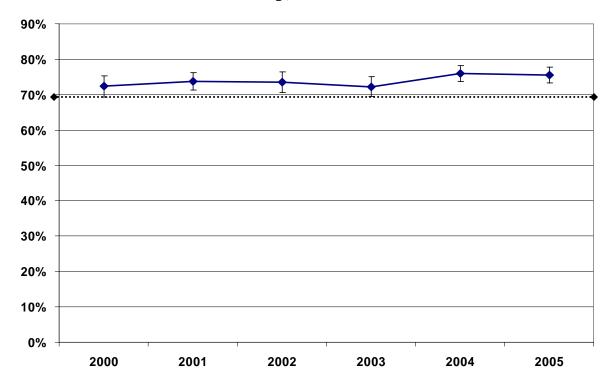
Regarding other reported sleep positions, 14.2% said they put their infants to sleep on their sides and 7.5% said their infants were put to sleep on their stomachs. The remaining 2.6% reported a combination of sleeping positions.

Infant Sleep Position



Trend data show that the percentage of Utah women placing their infants to sleep on their backs has increased slightly over the reporting period, and that Utah continues to meet the Healthy People 2010 objective.

Percentage of Women Who Lay Baby on Back to Sleep, 2000-2005





Percentage of Women Who Reported Their Baby Always or Often Slept in the Same Bed as Someone Else

	Percent		
	(95% Confidence	Population	
Characteristics	Interval)	Estimate	P-Value
Total Birth Population	23.9% <u>+</u> 1.5%	23,229	
Maternal Age		-, -	<.05
≤ 17	30.6% <u>+</u> 8.8%	498	
	32.1% <u>+</u> 6.9%	1,207	
20 - 24	24.4% <u>+</u> 2.7%	7,301	
25 - 29	22.3% <u>+</u> 2.6%	7,357	
30 - 34	21.6% ± 3.5%	4,225	
35 - 39	26.5% ± 6.0%	2,141	
40 +	35.5% ± 15.4%	501	
Education Level			<.0001
Less than High School	39.8% ± 3.3%	4,934	
Completed High School	25.3% <u>+</u> 2.6%	7,359	
Some College	19.8% <u>+</u> 3.2%	5,377	
College Graduate	18.3% <u>+</u> 3.2%	4,861	
Race			<.0001
White	23.0% <u>+</u> 1.6%	21,126	
Other than White	43.3% <u>+</u> 8.3%	1,976	
Hispanic Ethnicity			<.0001
Hispanic	40.6% ± 3.9%	5,813	
Non-Hispanic	21.0% <u>+</u> 1.7%	17,335	
Marital Status			<.0001
Married	21.7% <u>+</u> 1.7%	17,769	
Unmarried	36.1% <u>+</u> 3.8%	5,459	
Birthweight			NS
<2500 grams	25.6% <u>+</u> 2.7%	1,359	
2500+ grams	23.8% <u>+</u> 1.6%	21,869	
NS = Not statistically significant			

The AAP published the following recommendation for bed sharing in 2005: "Although bed-sharing rates are increasing in the United States for a number of reasons, including facilitation of breastfeeding, the task force concludes that the evidence is growing that bed sharing, as practiced in the United States and other Western countries, is more hazardous than the infant sleeping on a separate sleep surface and, therefore, recommends that infants not bed share during sleep."

Utah PRAMS data show that 23.9% of Utah women reported that their baby always or often slept in the same bed as someone else.

Women who had lower education levels, were other than White race, Hispanic, or unmarried were more likely to report infant bed sharing. Younger and older women were more likely to report that their infant shared a bed with someone else as well.

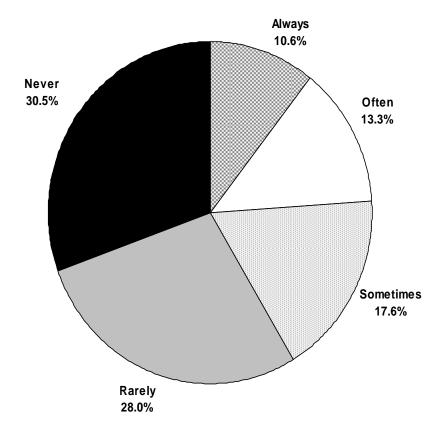
^{1.} The changing concept of sudden infant death syndrome: diagnostic coding shifts, controversies regarding the sleeping environment, and new variables to consider in reducing risk. Pediatrics. 2005 Nov;116(5):1245-55

Infant Bed Sharing Frequency



Only 30.5% of Utah moms report that their baby never slept in the same bed with someone else and another 28% reported that their infant rarely did.

Infant Bed Sharing Frequency, 2004-2005



Alcohol Use Three Months Before Pregnancy



Percentage of Women Who Drank Alcohol During the Three Months Before Pregnancy

	Percent		
	(95% Confidence	Population	
Characteristics	Interval)	Estimate	P-Value
Total Birth Population	23.3% <u>+</u> 1.5%	22,972	1 Value
Maternal Age	<u></u>	,	<.0001
≤ 17	32.2% <u>+</u> 8.8%	572	
	32.7% + 6.9%	1,329	
20 - 24	24.8% + 2.6%	7,467	
25 - 29	19.7% + 2.5%	6,561	
30 - 34	20.7% + 3.5%	4,051	
35 - 39	28.2% <u>+</u> 6.1%	2,316	
40 +	46.0% + 15.8%	675	
Education Level	_		<.0001
Less than High School	30.2% <u>+</u> 3.0%	3,837	
Completed High School	31.9% ± 2.7%	9,413	
Some College	18.7% <u>+</u> 3.1%	5,150	
College Graduate	15.3% <u>+</u> 3.0%	4,073	
Race			NS
White	23.1% <u>+</u> 1.5%	21,521	
Other than White	28.3% ± 7.5%	1,287	
Hispanic Ethnicity			NS
Hispanic	21.2% <u>+</u> 3.4%	3,044	
Non-Hispanic	23.7% <u>+</u> 1.7%	19,803	
Marital Status			<.0001
Married	19.3% <u>+</u> 1.6%	15,965	
Unmarried	44.6% <u>+</u> 3.9%	7,008	
Birthweight			<.05
<2500 grams	27.7% <u>+</u> 2.7%	1,587	
2500+ grams	23.0% <u>+</u> 1.6%	21,366	
NS = Not statistically significant			

Fetal alcohol syndrome is one of the leading causes of preventable mental retardation in the U.S.

The effects of alcohol consumption on the fetus may occur before a woman is aware that she is pregnant. Because women are more likely to report alcohol use in the first trimester as the time after they knew they were pregnant, alcohol use just before pregnancy may provide a better measure of consumption in the early weeks of pregnancy.¹

Of the 23% of Utah women who reported alcohol use in the three months before pregnancy, approximately 40% reported drinking five or more drinks in one sitting at least one time.

Of the women who reported drinking in the three months before pregnancy, 82% reported drinking less than one to three drinks per week on average.

^{1.} Day NL, Cottreau CM, Richardson GA. The Epidemiology of Alcohol, Marijuana, and Cocaine use among women of Childbearing Age and Pregnant Women. Clin Obstet Gynecol 1993;36(2):232-45.

Alcohol Use Three Months Before Pregnancy



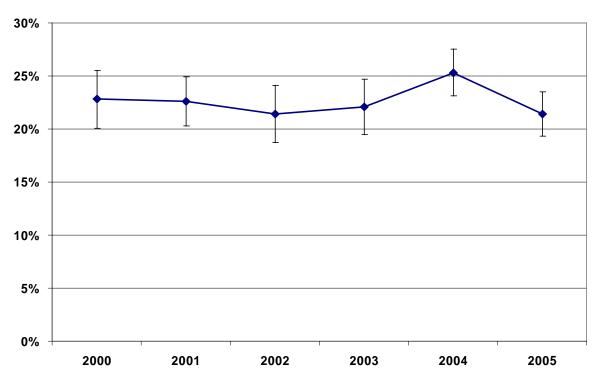
Women aged 19 or younger and women aged 40 or older were the most likely to report drinking alcohol three months before pregnancy. As well, nearly half of unmarried women reported drinking in the three months prior to pregnancy.

Since 2000, the trend of alcohol use three months before pregnancy seems to remain fairly stable.

"I smoked and drank alcohol before I was pregnant but the moment I found out I stopped it all and I am breastfeeding so I still haven't started back [up again]. My baby is VERY healthy and strong and alert. I'm proud of her and I don't have to regret the fact that I may [have] harmed her by drinking or smoking because I stopped."

--A PRAMS Mom

Percentage of Women Who Drank Alcohol During the Three Months Before Pregnancy, 2000-2005



Alcohol Use the Last Three Months of Pregnancy



Percentage of Women Who Drank Alcohol During the Last Three Months of Pregnancy

	Percent		
	(95% Confidence	Population	
Characteristics	Interval)	Estimate	P-Value
Total Birth Population	3.2% <u>+</u> 0.6%	3,136	
Maternal Age			<.05
<u><</u> 17	4.1% <u>+</u> 3.6%	73	
18 - 19	5.5% <u>+</u> 3.6%	228	
20 - 24	2.1% <u>+</u> 0.8%	627	
25 - 29	2.5% <u>+</u> 0.9%	821	
30 - 34	3.1% <u>+</u> 1.5%	616	
35 - 39	6.5% <u>+</u> 3.3%	543	
40 +	16.0% <u>+</u> 12.6%	228	
Education Level			<.05
Less than High School	4.5% <u>+</u> 1.4%	574	
Completed High School	3.6% <u>+</u> 1.1%	1,088	
Some College	1.7% <u>+</u> 1.0%	457	
College Graduate	3.5% <u>+</u> 1.5%	945	
Race			NS
White	3.0% <u>+</u> 0.6%	2,818	
Other than White	6.4% <u>+</u> 4.1%	296	
Hispanic Ethnicity			NS
Hispanic	3.3% <u>+</u> 1.3%	482	
Non-Hispanic	3.1% <u>+</u> 0.7%	2,631	
Marital Status			<.001
Married	2.6% <u>+</u> 0.6%	2,201	
Unmarried	5.9% <u>+</u> 1.9%	935	
Birthweight			NS
<2500 grams	4.4% <u>+</u> 1.3%	255	
2500+ grams	3.1% <u>+</u> 0.7%	2,876	
NS = Not statistically significant			

The Healthy People 2010 goal is for 95% of pregnant women to abstain from alcohol and to reduce binge drinking (five drinks or more in one sitting) among pregnant women to 0%.

Utah meets the first goal with 3.2% of women reporting that they drank in the last three months of their pregnancy. However, Utah does not meet the binge drinking goal, as 1.6% of women reported drinking five or more drinks in one sitting during the last three months of their pregnancy.

Significantly higher rates of alcohol use during the last trimester were noted among women who were aged 40 years or older (16.0%), followed by unmarried women (5.9%), and women with less than a high school education (4.5%).

Alcohol Use the Last Three Months of Pregnancy

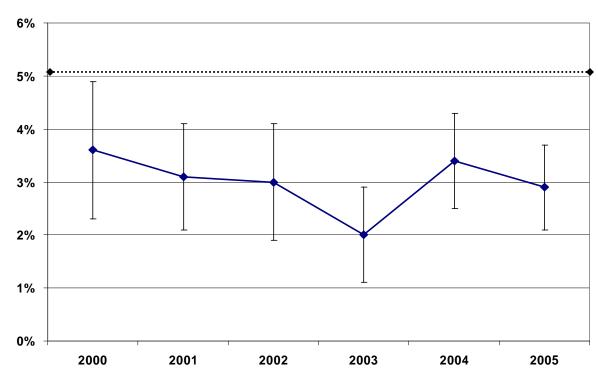


Of the women who did drink in the last three months of their pregnancy, the vast majority (92%) said they drank fewer than one to three drinks per week.

"She is fine and perfectly healthy now but I will never be able to let go of the guilt and hatred I feel towards myself for drinking and smoking while pregnant."

--A PRAMS Mom

Percentage of Women Who Drank During the Last Three Months of Pregnancy, 2000-2005



Alcohol Discussion With Health Care Provider



Percentage of Women Whose Health Care Provider Did Not Ask How Much Alcohol They Were Drinking

	Percent		
(95% Confidence		Population	
Characteristics	Interval)	Estimate	P-Value
Total Birth Population	44.5% <u>+</u> 1.9%	43,544	
Maternal Age			<.05
<u><</u> 17	34.3% <u>+</u> 8.9%	611	
18 - 19	36.6% <u>+</u> 7.3%	1,418	
20 - 24	42.6% <u>+</u> 3.2%	12,724	
25 - 29	46.2% <u>+</u> 3.3%	15,268	
30 - 34	47.3% ± 4.4%	9,215	
35 - 39	44.0% <u>+</u> 6.8%	3,630	
40 +	46.7% <u>+</u> 15.7%	678	
Education Level			<.0001
Less than High School	35.6% <u>+</u> 3.2%	4,452	
Completed High School	42.1% <u>+</u> 2.9%	12,471	
Some College	47.8% <u>+</u> 4.0%	12,950	
College Graduate	48.2% ± 4.1%	12,784	
Race			NS
White	44.4% <u>+</u> 1.9%	41,136	
Other than White	45.2% ± 8.3%	2,095	
Hispanic Ethnicity			<.0001
Hispanic	32.9% <u>+</u> 3.9%	4,564	
Non-Hispanic	46.4% ± 2.1%	38,744	
Marital Status			<.0001
Married	46.4% ± 2.1%	38,169	
Unmarried	34.6% <u>+</u> 3.7%	5,375	
Birthweight			<.05
<2500 grams	40.5% <u>+</u> 2.9%	2,299	
2500+ grams	44.8% ± 2.0%	41,217	
NS = Not statistically significant			

While many providers know alcohol use during pregnancy is a problem, they may not routinely screen all pregnant women.

ACOG recommends that all women be questioned thoroughly about past and present alcohol use at the time of their first prenatal visit. Two time-efficient screening tools that have been developed specifically for pregnant women are T-ACE and TWEAK. During screening, the health implications of alcohol use and the benefits of reduction/abstinence should be stressed.

Just over 44% of women reported that their health care provider did not discuss alcohol use with them during pregnancy.

Alcohol Discussion With Health Care Provider by Age

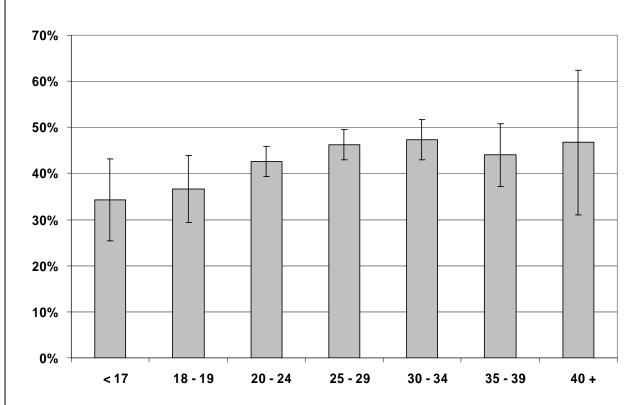


The highest rates for no discussion of alcohol consumption were seen among older, higher educated, non-Hispanic, married women. Also, women who delivered a normal birthweight infant were more likely to report not having a discussion with their health care provider about alcohol consumption during any prenatal care visits.

"I think there needs to be a stronger discussion on smoking and drinking during pregnancy. I don't do either, but I think there should be more emphasis on it."

--A PRAMS Mom

Percentage of Women Whose Health Care Provider Did Not Ask How Much Alcohol They Were Drinking by Age, 2004-2005



Smoking Three Months Before Pregnancy



Percentage of Women Who Smoked During the Three Months Before Pregnancy

	Percent		
(95% Confidence		Population	
Characteristics	Interval)	Estimate	P-Value
Total Birth Population	11.3% <u>+</u> 1.0%	11,136	
Maternal Age			<.0001
<u><</u> 17	20.3% <u>+</u> 7.5%	359	
18 - 19	26.8% <u>+</u> 6.3%	1,099	
20 - 24	14.5% <u>+</u> 2.0%	4,393	
25 - 29	9.3% <u>+</u> 1.7%	3,072	
30 - 34	7.0% <u>+</u> 2.1%	1,383	
35 - 39	8.1% <u>+</u> 3.4%	670	
40 +	11.2% <u>+</u> 10.2%	159	
Education Level			<.0001
Less than High School	23.5% ± 2.8%	3,000	
Completed High School	18.6% <u>+</u> 2.3%	5,552	
Some College	6.7% <u>+</u> 2.0%	1,834	
College Graduate	1.9% <u>+</u> 1.1%	509	
Race			<.05
White	11.0% <u>+</u> 1.0%	10,259	
Other than White	17.6% <u>+</u> 6.0%	801	
Hispanic Ethnicity			<.0001
Hispanic	6.1% <u>+</u> 1.7%	885	
Non-Hispanic	12.2% <u>+</u> 1.1%	10,223	
Marital Status			<.0001
Married	6.7% <u>+</u> 0.9%	5,553	
Unmarried	35.3% <u>+</u> 3.8%	5,582	
Birthweight			<.0001
<2500 grams	19.4% <u>+</u> 2.3%	1,118	
2500+ grams	10.8% <u>+</u> 1.1%	10,003	
NS = Not statistically significant			-

Tobacco use increases the risks for ectopic pregnancy, spontaneous abortion, preterm premature rupture of membranes, abruption, placenta previa, preterm delivery, stillbirth, and low birthweight.

The Healthy People 2010 goal is to reduce tobacco use by adults (18 years or over) to 12%. When excluding mothers younger than 18, Utah reaches this goal in the PRAMS population with only 11.1% of women reporting smoking in the three months before they became pregnant.

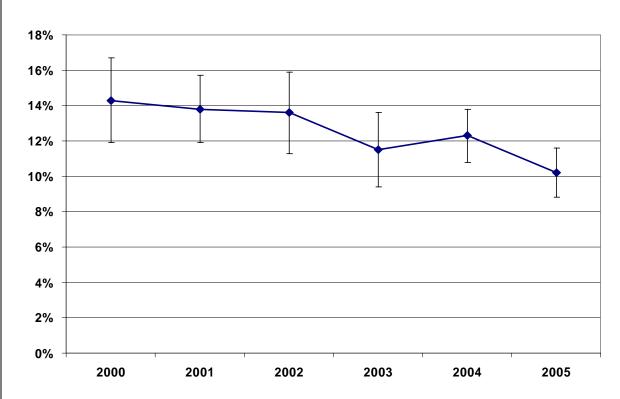
Women with statistically higher rates of smoking prior to pregnancy were other than White race, non-Hispanic, unmarried, and had delivered a low birthweight infant. Significant differences in smoking were also noted by age and education.

Smoking Three Months Before Pregnancy



Trend data show that smoking in the three months prior to pregnancy has been decreasing.

Percentage of Women Who Smoked During the Three Months Before Pregnancy, 2000-2005



Smoking the Last Three Months of Pregnancy



Percentage of Women Who Smoked During the Last Three Months of Pregnancy

	Perc	ent		
	(95% Coı	nfidence	Population	
Characteristics	Inter		Estimate	P-Value
Total Birth Population	5.8%	<u>+</u> 0.7%	5,753	
Maternal Age				<.001
<u>≤</u> 17	13.5%	<u>+</u> 6.6%	238	
18 - 19	13.1%	<u>+</u> 4.7%	535	
20 - 24	7.1%	<u>+</u> 1.4%	2,165	
25 - 29	5.1%	<u>+</u> 1.2%	1,710	
30 - 34	3.4%	<u>+</u> 1.5%	676	
35 - 39	4.2%	<u>+</u> 2.4%	345	
40 +	^			
Education Level				<.0001
Less than High School	13.6%	<u>+</u> 2.2%	1,737	
Completed High School	9.3%	<u>+</u> 1.7%	2,789	
Some College	2.8%	<u>+</u> 1.3%	766	
College Graduate	1.3%	<u>+</u> 1.0%	354	
Race				NS
White	5.8%	<u>+</u> 0.8%	5,453	
Other than White	6.0%	<u>+</u> 3.7%	276	
Hispanic Ethnicity				<.0001
Hispanic	2.5%	<u>+</u> 1.1%	355	
Non-Hispanic	6.4%	<u>+</u> 0.9%	5,388	
Marital Status				<.0001
Married	3.4%	<u>+</u> 0.6%	2,842	
Unmarried	18.3%	<u>+</u> 3.0%	2,911	
Birthweight				<.001
<2500 grams	11.0%	<u>+</u> 1.9%	634	
2500+ grams	5.5%	<u>+</u> 0.8%	5,118	
NS = Not statistically significant				
^ 95% Confidence interval is larger than estimate, not reported				

The Healthy People 2010 goal is to have 99% of women abstain from smoking cigarettes during pregnancy. Utah does not reach this goal, as 5.8% of women reported smoking during the last trimester of their pregnancy.

Another Healthy People 2010 goal is to achieve 30% cessation during pregnancy. Utah meets this goal with approximately 48.9% of women who smoked in the three months prior to pregnancy quitting by the last trimester. Another 34.2% of women reported reducing the number of cigarettes smoked during pregnancy.

Women who reported higher rates of smoking during their pregnancy were younger than 20 years of age, had less than a high school education, were non-Hispanic, unmarried, and had delivered a low birthweight infant.

Smoking the Last Three Months of Pregnancy

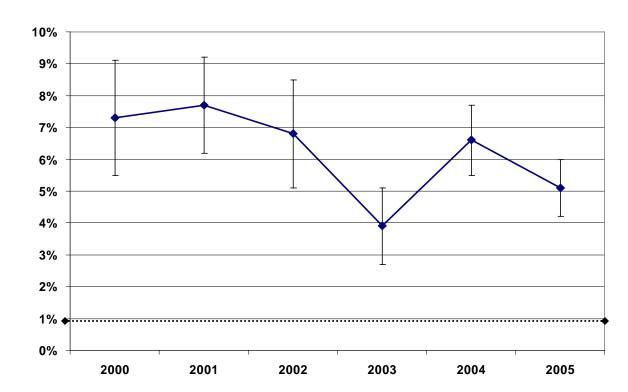


Trend data show that smoking during the last trimester has decreased slightly from 2000 to 2005.

"I think that me smoking had [a] part in me going into early labor. I regret it..."

--A PRAMS Mom

Percentage of Women Who Smoked During the Last Three Months of Pregnancy, 2000-2005



Smoking Postpartum



Percentage of Women Who Smoked Postpartum

	Percent		
	(95% Confidence	Population	
Characteristics	Interval)	Estimate	P-Value
Total Birth Population	8.0% <u>+</u> 0.8%	7,882	
Maternal Age			<.0001
<u><</u> 17	20.3% <u>+</u> 7.5%	359	
18 - 19	20.8% ± 5.8%	853	
20 - 24	11.1% <u>+</u> 1.8%	3,372	
25 - 29	6.3% <u>+</u> 1.4%	2,077	
30 - 34	3.5% <u>+</u> 1.4%	698	
35 - 39	5.2% <u>+</u> 2.6%	430	
40 +	٨		
Education Level			<.0001
Less than High School	19.0% <u>+</u> 2.6%	2,437	
Completed High School	12.9% <u>+</u> 2.0%	3,847	
Some College	4.1% <u>+</u> 1.6%	1,125	
College Graduate	1.1% <u>+</u> 0.9%	304	
Race			NS
White	7.8% <u>+</u> 0.9%	7,349	
Other than White	11.1% <u>+</u> 4.8%	505	
Hispanic Ethnicity			<.0001
Hispanic	4.5% <u>+</u> 1.5%	645	
Non-Hispanic	8.6% <u>+</u> 1.0%	7,228	
Marital Status			<.0001
Married	4.4% <u>+</u> 0.7%	3,645	
Unmarried	26.7% <u>+</u> 3.5%	4,237	
Birthweight			<.0001
<2500 grams	14.8% <u>+</u> 2.1%	852	
2500+ grams	7.5% <u>+</u> 0.9%	7,023	
NS = Not statistically significant			
^ 95% Confidence interval is larger than estimate, not reported			

PRAMS data find that only 30% of women who smoked prior to pregnancy maintained cessation after delivery. The PRAMS survey is filled out on average at three months postpartum; it is assumed that postpartum smoking rates would be higher if women were surveyed again at one year post delivery.

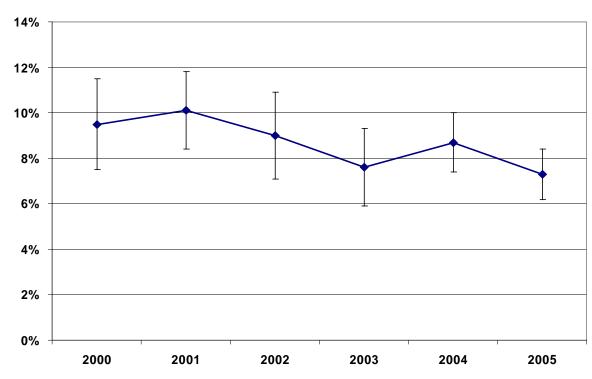
Women who were significantly more likely to smoke postpartum were less than 20 years old, had lower education levels, were non-Hispanic, unmarried, and had delivered a low birthweight infant.

Smoking Postpartum



Trend data show that postpartum smoking has decreased slightly from 2000 to 2005.

Percentage of Women Who Smoked Postpartum, 2000-2005



Smoking Discussion With Health Care Provider



Percentage of Women Who Reported Their Health Care Provider Did Not Ask if They Were Smoking

	Percent		
		Denulation	
	(95% Confidence	Population	D Valor
Characteristics	Interval)	Estimate	P-Value
Total Birth Population	32.9% <u>+</u> 1.8%	32,205	2024
Maternal Age	10.00/ 7.10/		<.0001
<u><</u> 17	16.9% <u>+</u> 7.1%	303	
18 - 19	14.3% <u>+</u> 5.3%	558	
20 - 24	27.7% ± 3.0%	8,244	
25 - 29	34.9% <u>+</u> 3.1%	11,565	
30 - 34	37.3% <u>+</u> 4.3%	7,300	
35 - 39	43.0% <u>+</u> 6.8%	3,545	
40 +	47.1% <u>+</u> 15.7%	690	
Education Level			<.0001
Less than High School	19.6% <u>+</u> 2.6%	2,468	
Completed High School	26.0% <u>+</u> 2.6%	7,698	
Some College	37.8% <u>+</u> 3.9%	10,234	
College Graduate	41.5% ± 4.0%	11,016	
Race			NS
White	33.0% <u>+</u> 1.8%	30,536	
Other than White	30.6% <u>+</u> 7.8%	1,408	
Hispanic Ethnicity			<.0001
Hispanic	22.8% <u>+</u> 3.5%	3,196	
Non-Hispanic	34.5% + 2.0%	28,794	
Marital Status	_	·	<.0001
Married	36.2% ± 2.0%	29,802	
Unmarried	15.4% <u>+</u> 2.9%	2,403	
Birthweight	_		<.001
<2500 grams	27.4% <u>+</u> 2.6%	1,559	
2500+ grams	33.3% ± 1.9%	30,625	
NS = Not statistically signficant			

The ACOG recommends that pregnant smokers be assessed for smoking activity and readiness to quit and provided resources to assist in cessation at each prenatal visit.

Smoking cessation should be integrated into prenatal care and continued postpartum by the child's pediatrician for cessation success.

In Utah, pregnant Medicaid enrollees are eligible for five individual cessation counseling sessions of 40 minutes each, provided through the Utah Department of Health's Tobacco Quit Line (1-888-567-TRUTH).

Women who were less likely to be asked if they smoked were older, more educated, non-Hispanic, married, and had delivered a normal birthweight infant.

Smoking Discussion With Health Care Provider



Women who smoke were significantly more likely to report having a discussion with their health care provider about smoking than non-smokers (74.5% vs. 46.2%).

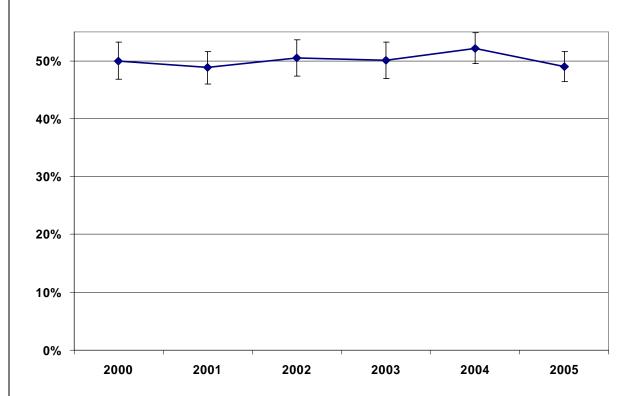
Trend data show that counseling rates have remained relatively unchanged over the time period from 2000–2005.

Utah PRAMS data find that women who smoke in their last trimester are significantly less likely to breastfeed their infant. Smoking assessment and cessation counseling may be helpful in increasing breastfeeding rates.

"I really feel that more doctors need to talk about the effects of smoking and drinking, etc. more with patients [be]cause I probably would have quit smoking but my doctor acted as if there would be no problems."

--A PRAMS Mom

Percentage of Women Who Reported Their Health Care Provider Did Not Ask if They Were Smoking Cigarettes During Any Prenatal Care Visits, 2000-2005



Appendix A

PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS) UTAH Phase V QUESTIONNAIRE

First, we would like to ask a few questions about you and the time before you got pregnant with your new baby. Please check the box next to your answer.

1.	Just before you got pregnant, did you have health insurance? Do not count Medicaid.
	□ No □ Yes
2.	Just before you got pregnant, were you on Medicaid?
	□ No □ Yes
3.	During the <i>month before</i> you got pregnant with your new baby, how many times a week did you take a multivitamin or a prenatal vitamin. These are pills that contain many different vitamins and minerals.
	 ☐ I didn't take a multivitamin or a prenatal vitamin at all ☐ 1 to 3 times a week ☐ 4 to 6 times a week ☐ Every day of the week
4.	What is <i>your</i> date of birth?
	Month Day Year
5.	Just before you got pregnant with your new baby, how much did you weigh?
	Pounds ORKilos

6.	How tall are you without shoes?	13
	FeetInches	The same of the sa
	ORCentimeters	
7.	<i>Before</i> you got pregnant with your new baby, did you talk v nurse, or other health care worker to prepare for a healthy p baby?	
	□ No □ Yes	
8.	Before you got pregnant with your new baby, did you ever habies who were born alive?	ave any other
	 □ No Go to Question 11 □ Yes 	
9.	Did the baby born <i>just before</i> your new one weigh 5 pounds kilos) <i>or less</i> at birth?	, 8 ounces (2.5
	□ No □ Yes	
10	. Was the baby <i>just before</i> your new one born <i>more</i> than 3 w due date?	eeks before its
	□ No □ Yes	
	ne next questions are about the time when you got pregnamby.	nt with your <i>new</i>
11.	. Thinking back to <i>just before</i> you got pregnant with your <i>ne</i> you feel about becoming pregnant? Check <u>one</u> answer	w baby, how did
	 ☐ I wanted to be pregnant sooner ☐ I wanted to be pregnant later ☐ I wanted to be pregnant then ☐ I didn't want to be pregnant then or at any time in the feature. 	Suturo (



If you wanted to be pregnant later, please answer question 12. Otherwise, please go to question 13.

question 12. Otherwise, please go to question 13.	If you or your husband or partner were not doing anything to keep from getting pregnant, go to Question 20.
12. How much later did you want to become pregnant?☐ Less than 1 year	16. When you got pregnant with your new baby, what were you or your husband or partner doing to keep from getting pregnant? Check all that apply.
\Box 1 year to less than 2 years	
\Box 2 years to less than 3 years	☐ Tubes tied or closed (female sterilization)
\Box 3 years to less than 4 years	□ Vasectomy (male sterilization)
☐ 4 years or more	□ Pill
•	□ Condoms
13. When you got pregnant with your new baby, were you trying to get	☐ Shot once a month (Lunelle)
pregnant?	☐ Shot once every 3 months (Depo-Provera)
	☐ Contraceptive patch (Orthoevra)
□ No	☐ Diaphragm, cervical cap, or sponge
\Box Yes \longrightarrow Go to Question 17	☐ Cervical ring (Nuvaring or others)
	☐ IUD (including Mirena)
14. When you got pregnant with your new baby, were you or your husban	nd or Rhythm method or natural family planning
partner doing anything to keep from getting pregnant? (Some things	☐ Withdrawal (pulling out)
people do to keep from getting pregnant include not having sex at cert	Not having sex (abstinence)
times [rhythm] or withdrawal, and using birth control methods such as	S the Dease tell us:
pill, condoms, cervical ring, IUD, having their tubes tied, or their part	ner
having a vasectomy.)	If you were not trying to get pregnant when you got pregnant with
	your new baby, go to Question 20.
□ No	V V/6
☐ Yes → Go to Question 16	17. Did you receive treatment from a doctor, nurse or other health care
17 331	worker to help you get pregnant with your new baby? (This may
15. What were your or your husband's or partner's reasons for not doing	include infertility treatments such as fertility-enhancing drugs or
anything to keep from getting pregnant? Check <u>all</u> that apply.	assisted reproductive technology).
☐ I didn't mind if I got prognent	
☐ I didn't mind if I got pregnant☐ I thought I could not get pregnant at that time	□ No Go to Question 19
	□ Yes
☐ I had side effects from the birth control method I was using	
☐ I had problems getting birth control when I needed it	
☐ I thought my husband or partner or I was sterile (could not get	
pregnant at all)	
☐ My husband or partner didn't want to use anything	
☐ Other → Please tell us:	·

18. Did you use any of the following treatments <i>during the month you got pregnant</i> with your new baby? Please check all that apply. □ Fertility-enhancing drugs prescribed by a doctor (Fertility drugs include Clomid®, Serophene®, Pergonal®, or other drugs that stimulate ovulation.) □ Artificial insemination or Intrauterine insemination (treatments in which sperm, but NOT eggs were collected and medically placed into a woman's body) □ Assisted reproductive technology (treatments in which BOTH a woman's eggs and a man's sperm were handled in the laboratory; e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), intracytoplasmic sperm injection (ICSI) frozen embryo transfer, donor embryo transfer) □ Other medical treatment	21. How many weeks or months pregnant were you when you had your first visit for prenatal care? Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children). Weeks OR Months □ I didn't go for prenatal care 22. Did you get prenatal care as early in your pregnancy as you wanted? □ No
Please tell us:	 ☐ Yes ☐ I didn't want prenatal care Go to Question 24
□ 0 to 3 months □ 4 to 6 months □ 7 to 12 months □ 13 to 24 months	23. Here is a list of problems some women can have getting prenatal care. For each item, circle Y (Yes) if it was a problem for you during your most recent pregnancy or circle N (No) if it was not a problem or did not apply to you.
☐ More than 24 months	 a. I couldn't get an appointment when I wanted one b. I didn't have enough money or insurance to pay
The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. (It may help to look at the calendar when you answer these questions.) 20. How many weeks or months pregnant were you when you were sure you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.) Weeks OR Months	for my visits C. I had no way to get to the clinic or doctor's office M. Y d. I couldn't take time off from work N. Y e. The doctor or my health plan would not start care as early as I wanted. N. Y f. I didn't have my Medicaid card N. Y g. I had no one to take care of my children N. I had too many other things going on N. Y i. I didn't want anyone to know I was pregnant N. Y j. Other Please tell us:
☐ I don't remember	



If you did not go for prenatal care go to

k. Physical abuse to women by their husbands or partners

- 1	Question 32.			27. We would like to know how you felt about the prenatal care		
24.	Where did you go <i>most of the time</i> for your prenatal visits? (De	o not		you got during your most recent pregnancy. If you went to more than one place for prenatal care, answer for the place where you g	ot	
	include visits for WIC.) Check one answer			most of your care. For each item, circle Y (Yes) if you were	,00	
				satisfied or circle N (No) if you were not satisfied.		
	☐ Hospital clinic					
	☐ Health department clinic			Were you satisfied with -		
	☐ Private doctor's office or HMO clinic					
	☐ Community Health Clinic			a. The amount of time you had to wait after you		
	☐ Other → Please tell us:		-	arrived for your visits	N	Y
				b. The amount of time the doctor or nurse spent		
25.	How was your prenatal care paid for? Check all that apply			with you during your visits	N	
				c. The advice you got on how to take care of yourself	N	Y
	☐ Medicaid			d. The understanding and respect that the staff showed	NT	17
	☐ Personal income (cash, check, or credit card)			toward you as a person	N	ĭ
	☐ Health insurance or HMO (including insurance from you	ır worl	k or	28. During any of your prenatal care visits, did a doctor, nurse, or		
	your husband's work)			other health care worker talk with you about how much		
	☐ Other Please tell us:			weight you should gain during your pregnancy?		
26	During any of your prenatal care visits, did a doctor, nurse, or o	other				
20.	health care worker talk with you about any of the things listed b		?	□ No		
	Please count only discussions, not reading materials or videos.			□ Yes		
	item, circle Y (Yes) if someone talked with you about it or circl					
	if no one talked with you about it.	`	,	29. During any of your prenatal care visits, did a doctor, nurse, or		
	·			other health care worker ask you -		
	a. How smoking during pregnancy could affect my baby	N	Y	***		T 7
1	b. Breastfeeding my baby	N	Y	a. How much alcohol you were drinking	N N	
•	c. How drinking alcohol during pregnancy could affect			b. If someone was hurting you emotionally or physically	IN	ĭ
	my baby	N	Y	c. If you were using illegal drugs (marijuana or hash, cocaine, crack, etc.)	N	v
•	d. Using a seat belt during my pregnancy	N	Y	d. If you wanted to be tested for HIV	11	1
	e. Birth control methods to use after my pregnancy	N	Y	(the virus that causes AIDS)	N	Y
	f. Medicines that are safe to take during my pregnancy	N	Y	e. If you planned to use birth control after your	14	1
	g. How using illegal drugs could affect my baby	N	Y	baby was born	N	Y
]	h. Doing tests to screen for birth defects or diseases that run			f. If you were smoking cigarettes		Y
	in my family	N	Y	in it just were smooting eigenetics	- 1	-
	i. What to do if my labor starts early	N	Y			
	j. Getting tested for HIV (the virus that causes AIDS)	N	Y			

Y

Y Y

30.	At any time during your most recent pregnancy, did you get tested for the bacteria group B strep (or Beta Strep)? □ No □ Yes □ I don't know	35. During your most recent pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)? □ No □ Yes	
31.	At any time during your most recent pregnancy or delivery, did you have a test for HIV (the virus that causes AIDS)?	36. Did you have any of these problems during your most recent pregnancy? Fitem, circle Y (Yes) if you had the problem or circle N (No) if you did not.	
	 □ No □ Yes → Go to Question 36 □ I don't know 	 a. High blood sugar (diabetes) that started <i>before</i> this pregnancy b. High blood sugar (diabetes) that started <i>during</i> this pregnancy c. Vaginal bleeding d. Kidney or bladder (urinary tract) infection 	N Y N Y N Y N Y
32.	□ No → Go to Question 36	 e. Severe nausea, vomiting, or dehydration f. Cervix had to be sewn shut (incompetent cervix) g. High blood pressure, hypertension (including pregnancy-induced hypertension [PIH], preeclampsia, or toxemia) 	N Y N Y
33.	☐ Yes Did you turn down the HIV test?	 h. Problems with the placenta (such as abruptio placentae or placenta previa) i. Labor pains more than 3 weeks before my baby was due (preterm or early labor) 	N Y
24	□ No → Go to Question 36 □ Yes Why did you turn down the HIV test?	j. Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM])k. I had to have a blood transfusion	N Y N Y
34.	Why did you turn down the HIV test? ☐ I did not think I was at risk for HIV ☐ I did not want people to think I was at risk for HIV ☐ I was afraid of getting the result ☐ I was tested before this pregnancy, and did not think I needed to be tested again	 I was hurt in a car accident If you did not have any of these problems, go to question 38. Did you do any of the following things because of these problems? For eac circle Y (Yes) if you did that thing or circle N (No) if you did not. 	N Y
	Other Please tell us: next questions are about your most recent pregnancy and things that have happened during your pregnancy.	 a. I went to the hospital or emergency room and stayed less than 1 day b. I went to the hospital and stayed 1 to 7 days c. I went to the hospital and stayed more than 7 days d. I stayed in bed at home more than 2 days because of my doctor's or nurse's advice 	N Y N Y N Y



The next questions are about smoking cigarettes

The next questions are about smoking cigarettes	41. How many cigarettes do you smoke on an average day <i>now</i> ? (A pack has 20 cigarettes.)
88. Have you smoked at least 100 cigarettes in the <i>past 2 years</i> ? (A pack has 20 cigarettes.)	 □ 41 cigarettes or more □ 21 to 40 cigarettes □ 11 to 20 cigarettes
□ No → Go to Question 43	□ 6 to 10 cigarettes
□ Yes	☐ 1 to 5 cigarettes
	☐ Less than 1 cigarette ☐ None (0 cigarettes)
39. In the <i>3 months before</i> you got pregnant, how many cigarettes did	in None (o cigarettes)
you smoke on an average day? (A pack has 20 cigarettes.)	42. Have you had any alcoholic drinks in the <i>past 2 years</i> ? (A drink is
☐ 41 cigarettes or more	1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or
□ 21 to 40 cigarettes	mixed drink.)
□ 11 to 20 cigarettes	T N. A Coate Occation AC
☐ 6 to 10 cigarettes	□ No → Go to Question 46 □ Yes
☐ 1 to 5 cigarettes☐ Less than 1 cigarette	
☐ None (0 cigarettes)	43a. During the <i>3 months before</i> you got pregnant, how many alcoholic drinks did you have in an average week?
0. In the <i>last 3 months</i> of your pregnancy, how many cigarettes did	
you smoke on an average day? (A pack has 20 cigarettes.)	☐ 14 drinks or more a week☐ 7 to 13 drinks a week
☐ 41 cigarettes or more	☐ 4 to 6 drinks a week
☐ 21 to 40 cigarettes	□ 1 to 3 drinks a week
☐ 11 to 20 cigarettes	☐ Less than 1 drink a week
☐ 6 to 10 cigarettes	☐ I didn't drink then
□ 1 to 5 cigarettes	42h Director 2 de la Grand de la constant de la con
☐ Less than 1 cigarette	43b. During the <i>3 months before</i> you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting?
□ None (0 cigarettes)	did you diffix 3 diconone diffixs of more in one sitting.
	☐ 6 or more times
	□ 4 to 5 times
	\Box 2 to 3 times
	☐ 1 time ☐ I didn't have 5 drinks or more in 1 sitting
	☐ I didn't have 5 drinks or more in 1 sitting☐ I didn't drink then

44a.	During the <i>last 3 months</i> of your pregnancy, how many alcoholic drinks did you have in an average week?				
	 □ 14 drinks or more a week □ 7 to 13 drinks a week □ 4 to 6 drinks a week □ 1 to 3 drinks a week □ Less than 1 drink a week □ I didn't drink then 				
11h					
440.	During the <i>last 3 months</i> of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting?				
440.	you drink 5 alcoholic drinks or more in one sitting? □ 6 or more times				
440.	you drink 5 alcoholic drinks or more in one sitting? □ 6 or more times □ 4 to 5 times				
440.	you drink 5 alcoholic drinks or more in one sitting? □ 6 or more times				
440.	you drink 5 alcoholic drinks or more in one sitting? □ 6 or more times □ 4 to 5 times □ 2 to 3 times				

Pregnancy can be a difficult time for some women. These next questions are about things that may have happened before and during your most recent pregnancy.



45. This question is about things that may have happened during the *12 months before* your new baby was born. For each item, circle **Y** (Yes) if it happened to you or circle **N** (No) if it did not. (It may help to use the calendar.)

a.	A close family member was very sick and		
	had to go into the hospital	N	Y
b.	I got separated or divorced from my husband		
	or partner	N	Y
c.	I moved to a new address	N	Y
d.	I was homeless.	N	Y
e.	My husband or partner lost his job	N	Y
f.	I lost my job even though I wanted to go on		
	working	N	Y
g.	I argued with my husband or partner more than		
_	usual	N	Y
h.	My husband or partner said he didn't want me		
	to be pregnant	N	Y
i.	I had a lot of bills I couldn't pay	N	Y
j.	I was in a physical fight	N	Y
k.	I or my husband or partner went to jail	N	Y
1.	Someone very close to me had a bad problem	N	Y
	with drinking or drugs.	N	Y
m.	Someone very close to me died	N	Y

The next questions are about your labor and delivery. (It may help to look at the calendar when you answer these questions.)



The next questions are about the time during the 12 months before you got pregnant with your new baby.

		48. When was your baby due?
l-6a.	During the 12 months before you got pregnant, did an ex-husband or expartner push, hit, slap, kick, choke, or physically hurt you in any other way? □ No □ Yes	Month Day Year 49. When did you go into the hospital to have your baby? Month Day Year
ŀ6b.	During the 12 months before you got pregnant, were you physically hurt in any way by your husband or partner?	☐ I didn't have my baby in a hospital
	□ No □ Yes	50. When was your baby born?
Г hе 1 17а.	During your most recent pregnancy, did an ex-husband or ex-partner	Month Day Year
	push, hit, slap, kick, choke, or physically hurt you in any other way? □ No □ Yes	51. When were you discharged from the hospital after your baby was born? (It may help to use the calendar.)
47b.	During your most recent pregnancy, were you physically hurt in any way by your husband or partner?	Month Day Year
	□ No □ Yes	☐ I didn't have my baby in a hospital
	•	

52. How was your delivery paid for? Check all that apply	56. Is your haby living with you now?
	56. Is your baby living with you now?
☐ Medicaid	
☐ Personal income (cash, check, or credit card)	No → Go to Question 66
☐ Health insurance or HMO (including insurance from your work	Yes
or your husband's work)	
□ Other → Please tell us:	57. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?
The next questions are about the time since your new baby was born.	
·	□ No
53. After your baby was born, was he or she put in an intensive care unit?	☐ Yes → Go to Question 61
	58. Are you still breastfeeding or feeding pumped milk to your new baby?
\square No	
□ Yes	□ No
□ I don't know	☐ Yes → Go to Question 60
54. After your baby was born, how long did he or she stay in the hospital?	59. How many weeks or months did you breastfeed or pump milk to feed your baby?
☐ Less than 24 hours (less than 1 day)	your outy.
☐ 24 to 48 hours (1 to 2 days)	Weeks OR Months
□ 3 days	
□ 4 days	☐ Less than 1 week
□ 5 days	
☐ 6 days or more	60. How old was your baby the first time you fed him or her anything
☐ My baby was not born in a hospital	besides breast milk? Include formula, baby food, juice, cow's milk, water
☐ My baby is still in the hospital → Go to Question 57	sugar water, or anything else you fed your baby.
55. Is your baby alive now?	Weeks OR Months
□ No → Go to Question 66	☐ My baby was less than 1 week old
□ Yes	☐ I have not fed my baby anything besides breast milk
	If your baby is still in the hospital, go to question 66.



61. About how many hours a day, on average, is your new baby in the same room with someone who is smoking? Hours ☐ Less than 1 hour a day ☐ My baby is never in the same room with someone who is smoking 62. How do you *most often* lay your baby down to sleep now? Check one answer ☐ On his or her side ☐ On his or her back ☐ On his or her stomach 63. How often does your new baby sleep in the same bed with you or anyone else? □ Always □ Often □ Sometimes □ Rarely □ Never 64. Was your new baby seen by a doctor, nurse, or other health care worker during the first week after he or she left the hospital? □ No \square Yes 65. Has your new baby had a well-baby checkup? (A well-baby checkup is regular health visit for your baby usually at 2, 4, or 6 months of age.) □ No □ Yes

66.	Are you or your husband or partner doing anything <i>now</i> to keep from getting pregnant? (Some things people do to keep from getting pregnant include not having sex at certain times [rhythm] or withdrawal, and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.)
	□ No □ Yes → Go to Question 76
67.	What are your or your husband's or partner's reasons for not doing anything to keep from getting pregnant <i>now</i> ? Check <u>all</u> that apply
	☐ I am not having sex
	☐ I want to get pregnant
	☐ I don't want to use birth control
	☐ My husband or partner doesn't want to use anything
	☐ I don't think I can get pregnant (sterile)
	☐ I can't pay for birth control
	☐ I am pregnant now
	☐ Other → Please tell us:
68.	After your new baby was born, did a doctor, nurse, or other health care worker talk with you about using birth control?
	□ No
	□ Yes

69.	During the 12 months before your new baby was born, what were the sources of your household's income? Check all that apply □ Paycheck or money from a job □ Money from family or friends □ Money from a business, fees, dividends, or rental income □ Aid such as Temporary Assistance for Needy Families (TANF), welfare, WIC, public assistance, general assistance, food stamps, or Supplemental Security Income □ Unemployment benefits □ Child support or alimony	72.	During your most recent pregnancy, did a doctor, nurse, or other health care worker tell you that you had a urinary tract infection (UTI), a sexually transmitted disease (STD), or any vaginal infection, including bacterial vaginosis or Group B Strep (Beta Strep)? □ No → Go to Question 74 □ Yes □ I don't know
	□ Social security, workers' compensation, disability, veteran	73.	What disease or infection were you told you had? Check all that apply.
	benefits, or pensions ☐ Other → Please tell us:		☐ Genital warts (HPV)☐ Herpes☐ Chlamydia
70.	During the 12 months before your new baby was born, what was your total household income before taxes? Include your income, your husband's or partner's income, and any other income you may have used. (All information will be kept private and will not affect any services you are now getting.) Check one answer		 □ Gonorrhea □ Pelvic inflammatory disease (PID) □ Syphilis □ Group B Strep (Beta Strep) □ Bacterial vaginosis □ Trichomoniasis (Trich)
	☐ Less than \$10,000		☐ Yeast infections
	□ \$10,000 to \$14,999		 □ Urinary tract infection (UTI) □ Other → Please tell us:
	□ \$15,000 to \$19,999		☐ Other Pricase ten us.
	□ \$20,000 to \$24,999 □ \$25,000 to \$34,999 □ \$35,000 to \$49,999 □ \$50,000 or more	74.	At any time during your pregnancy, did you <i>seek help</i> for depression from a doctor, nurse, or other health care worker?
71.	How many people, including yourself, depended on this income?		□ No □ Yes
	People		
		1	

The next questions are about a variety of topics.



1	75. Did you try to get Medicaid coverage during your most recent pregnancy?	80. I	Did you or any member of your household apply for government payments such as welfare, TANF (Temporary Assistance to Needy Families), or other public assistance?
	□ No → Go to Question 78		a minutes), or other public desirent
	□ Yes		□ No
			☐ Yes → Go to Question 96
6.	Did you have any problems getting Medicaid during your pregnancy?		•
		81.	Did any of these things keep you from applying for government
	\square No		help? Check all that apply
	□ Yes		
			☐ I didn't think I could get help because my household made too
7.	When did Medicaid coverage begin during your pregnancy?		much money
			☐ I didn't know how to apply
	☐ During the first 3 months of my pregnancy		☐ There was too much paperwork
	☐ During the second 3 months of my pregnancy		☐ I didn't want to use up my benefits
	☐ During the last 3 months of my pregnancy		☐ I didn't think I could get help because I am from another country
	☐ I did not get Medicaid during my pregnancy		☐ Other → Please tell us:
		82a.	Since your new baby was born, how often have you felt down,
f yo	our baby is no longer alive or living with you, please go to Question 94		depressed, or hopeless?
8.	Are you currently in school or working outside of the home?		□ Always
			□ Often
	□ No → Go to question 80		□ Sometimes
	□ Yes		□ Rarely
10	While Ca Ch is a language of the C		□ Never
9.	Which one of the following people spends the most time taking care of		
	your baby when you go to work or school?	82b.	
	☐ My husband or partner		little pleasure in doing things?
	☐ Baby's grandparent		□ Alwaya
	☐ Other close family member or relative		□ Always □ Often
	☐ Friend or neighbor		□ Sometimes
	☐ Babysitter, nanny, or other child care provider		
	☐ Staff at day care center		□ Rarely
	☐ Other → Please tell us:		□ Never
	_ Guior F Fronce ton us	1	



83.	Since your new baby was born, did you seek help for d doctor, nurse, or other health care worker?	lepres	sion from a	86.	Have you ever had your teeth cleaned by a dentist or dental hygienist?	
	□ No □ Yes				 □ No	
84.	This question is about things that may have happened dyour most recent pregnancy. For each thing, circle \mathbf{Y} (Yhappened to you or circle \mathbf{N} (No) if it did not.			87.	When did you have your teeth cleaned by a dentist or on hygienist? For each of the three time periods, circle Y had your teeth cleaned then or circle N (No) if you did teeth cleaned then.	(Yes) if you
	During your most recent pregnancy—				D.C. W.W.	
	a. Your husband or partner threatened you or made	N	V		a. Before my most recent pregnancy b. During my most recent pregnancy N Y	
	you feel unsafe in some way b. You were frightened for the safety of yourself	IN	ĭ		c. After my most recent pregnancy N Y	
	or your family because of the anger or threats of your husband or partner	N	Y	88.	During the last 3 months of your most recent pregnand did you wear a seat belt when you drove or rode in a c	
	c. Your husband or partner tried to control your daily activities, for example, controlling who you could				Check one answer	
	talk to or where you could go	N	Y		□ Always	
	d. Your husband or partner forced you to take part in				□ Often	
	any sexual activity when you did not want to				□ Sometimes	
	(including touch that made you uncomfortable)	N	Y		□ Rarely	
85.	This question is about the care of your teeth during you recent pregnancy. For each item, circle Y (Yes) if it is t				□ Never	
	(No) if it is not true.			89.	What is today's date?	
	a. I needed to see a dentist for a problem	N	Y			
	b. I went to a dentist or dental clinicc. A dental or other health care worker talked	N	Y		Month Day Year	
	with me about how to care for my teeth and gums	N	Y			